Prescribing Protocol SESLHDPR/576

Tolvaptan in inpatient treatment of hyponatraemia

Areas where applicable	Inpatient treatment only
Authorised Prescribers	Medical teams including endocrine, renal, gastrointestinal and aged care
Indication for use	Clinically significant euvolaemic or hypervolaemic hyponatraemia
Clinical condition	• Severe hyponatraemia - serum sodium < 125 mmol/L • Euvolaemia or hypervolaemia • Causes of hyponatraemia excluded
Contra-indications	• Allergy to tolvaptan or benzodiazepine derivatives • Hypovolaemia • Anuria • Need to urgently raise serum sodium acutely • Concomitant strong CYP3A inhibitors
Precautions	• Heart failure • Hypothyroidism and hypoadrenalism – screen before treatment • Liver injury or underlying liver disease • Avoid rapid increase in sodium levels • Dehydration and hypovolaemia should be avoided • Hyperkalaemia or drugs that increase serum potassium • Urinary outflow obstruction • Lactose and galactose intolerance • Pregnancy (Category D) • Breastfeeding should be discontinued • Effect on ability to drive or use machines – high risk for falls
Place in Therapy	Second line treatment – resistant to intravenous or oral sodium replacement and fluid restriction with causes of hyponatraemia excluded
Dosage	Initiate treatment with 15 mg orally daily. Increase dose incrementally, first to 30 mg daily and up to a maximum of 60 mg daily if required, at intervals of more than 24 hours. The rate of serum sodium correction should be no more than 10 mmol/L in the first 24 hours. No dose adjustment is necessary in renal impairment.
Duration of therapy	Until serum sodium reaches 130 mmol/L for a maximum of 30 days.
Important Drug Interactions	Ketoconazole Clarithromycin Intraconazole Nefazadone Moderate – erythromycin, fluconazole, aprepitant, diltiazem, verapamil Rifampicin and other CYP 3A Inducers reduce effect of tolvaptan Ciclosporin co-administration may require dose reduction of tolvaptan Monitor digoxin levels and adjust accordingly
Administration instructions	Oral administration daily, preferably in the morning, without regard to meals. Tablets should be swallowed without chewing with a glass of water. Tolvaptan should NOT be taken with grapefruit juice.

Monitoring requirements Safety Effectiveness	Serum sodium daily, increasing less than 12 mmol/L per day. Serum potassium in patients with serum potassium >5 mmol/L or receiving drugs known to increase serum potassium levels Volume status. Neurological status during initiation and after titration of dose. Avoid fluid restriction in the first 24 hours of therapy. Advise patients to resume fluid restriction following discontinuation of treatment, and continue monitoring sodium and volume status.
Management of complications	If serum sodium increases too rapidly, cease treatment and consider administration of hypotonic fluid. If liver injury is suspected, cease treatment. Symptomatic management of dry mouth, thirst, anorexia, constipation, hyperglycaemia or gastrointestinal bleeding in liver disease.
Basis of Protocol/Guideline:	TGA Approved Product Information, accessed June 17 2019
Groups consulted in development of this guideline	Nil

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GOVERNANCE	
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