NHS Herts Valleys Clinical Commissioning Group

NHS East and North Hertfordshire Clinical Commissioning Group

HERTFORDSHIRE MEDICINES MANAGEMENT COMMITTEE (HMMC)
NICE TECHNOLOGY APPRAISALS – RECOMMENDED
NICE TAG 358 – Tolvaptan for treating autosomal dominant polycystic kidney disease, Oct 2015
RECOMMENDED FOR RESTRICTED USE

Name: generic (trade)	What it is	Indication	Date decision last revised	Decision status	NICE / SMC Guidance
Tolvaptan (Jinarc®)	selective vasopressin antagonist	treating autosomal dominant polycystic kidney disease (ADPKD) in adults	December 2015	Final	NICE TA 358 – recommended SMC- not considered

HMMC RECOMMENDATION:

Tolvaptan for treating ADPKD in adults is the commissioning responsibility of CCGs.

NOT RECOMMENDED FOR PRESCRIBING IN PRIMARY CARE.

RECOMMENDED FOR RESTRICTED PRESCRIBING (AND MONITORING) IN SECONDARY CARE -

Tolvaptan is recommended as an option for treating ADPKD in adults to slow the progression of cyst development and renal insufficiency only if:

- they have chronic kidney disease stage 2 or 3 at the start of treatment
- there is evidence of rapidly progressing disease **and**
- the company provides it with the discount agreed in the patient access scheme (PAS).

Manufacturer has advised that the drug, will be available through the secondary care setting only and all prescribers will need to complete a risk management training program provided by the manufacturer and approved by MHRA.

Monitoring, stopping criteria and other information

- **All prescribing and monitoring to be undertaken by secondary care specialists**
- Tolvaptan treatment must be initiated and monitored under the supervision of physicians with expertise in managing ADPKD and a full understanding of the risks of tolvaptan therapy including hepatic toxicity and monitoring requirements.
- Treatment should be discontinued if renal insufficiency progresses to CKD stage 5.
- Tolvaptan should discontinued if elevated liver enzymes and/or signs or symptoms of liver injury meet the criteria for permanent discontinuation of tolvaptan (refer to SPC).
- A patient specific funding application form (via the web based Blueteq system) is to be completed by providers and submitted to the relevant CCG for each patient initiated on treatment. Providers who do not use the Blueteq system should complete the pro-forma available on the CCG website.

NICE TA358 Recommendation: Tolvaptan is recommended as an option for treating ADPKD in adults to slow the progression of cyst development and renal insufficiency only if:

- they have chronic kidney disease stage 2 or 3 at the start of treatment
- there is evidence of rapidly progressing disease **and**
- the company provides it with the discount agreed in the patient access scheme.

Further information from SPC

- Tolvaptan treatment must be initiated and monitored under the supervision of physicians with expertise in managing ADPKD and a full understanding of the risks of tolvaptan therapy including hepatic toxicity and monitoring requirements.
- Initial dose 60 mg/day as a split-dose regimen (45 mg upon waking and prior the morning meal and 15 mg 8 hours later). Initial dose is to be titrated upward to a split-dose regimen of 90 mg (60 mg + 30 mg) per day and then to a target split-dose regimen of 120 mg (90 mg + 30 mg) per day, if tolerated, with at least weekly intervals between titrations. Dose titration to be performed cautiously to ensure high doses are not poorly tolerated. Patients may down-titrate to lower doses based on tolerability. Patients have to be maintained on the highest tolerable tolvaptan dose.
- Treatment should be discontinued if renal insufficiency progresses to CKD stage 5
- Contraindicated in patients with elevated liver enzymes and/or signs or symptoms of liver injury prior to initiation that meet the requirements for permanent discontinuation. To mitigate risk of significant and/or irreversible liver injury, blood testing for hepatic transaminases and bilirubin is required prior to initiation, continuing monthly for 18 months and at 3-monthly intervals thereafter. Concurrent monitoring for symptoms that may indicate liver injury is recommended.
- Fluid and electrolyte status must be monitored in all patients. Administration of tolvaptan induces copious aquaresis and may cause dehydration and increases in serum sodium and is contraindicated in hypernatraemic patients. Therefore, serum creatinine, electrolytes and symptoms of electrolyte imbalances have to be assessed prior to and after starting tolvaptan to monitor for dehydration. During long-term treatment electrolytes have to be monitored at least every three months. Local specialist has advised that initial monitoring would be monthly for the first 3-6 months.

Reference: NICE TAG 358 – Tolvaptan for treating autosomal dominant polycystic kidney disease, Oct 2015

Produced by Hertfordshire Pharmacy and Medicines Optimisation Teams
NHS East and North Hertfordshire CCG and NHS Herts Valleys CCG