

Tolvaptan Prescription For Polycystic Kidney Disease

Rev: July 2020

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PATIENT INFORMATION LABEL

Name:

Address:

Phone:

Date of Birth (MM/DD/YYYY):

PHN:

DRUG AND FOOD ALLERGIES

Mandatory Optional: Prescriber check (✓) to initiate, cross out and initial any orders not indicated.

To obtain TOLVAPTAN for your patient:

- Ensure the patient is registered in PROMIS with diagnosis of ADPKD.
- Fax this prescription to Macdonald's Pharmacy at 1-855-569-0660.
- If this is a new prescription, also fax a completed Patient Provider Agreement Form (PPAF) to Macdonald's Pharmacy and ensure that baseline blood tests are completed and reviewed prior to initiation.

This is a:

New prescription Change to existing prescription Annual prescription renewal

TOLVAPTAN split dose regimen:

- TOLVAPTAN** 45 mg PO every morning and 15 mg po 8 hours later (usual starting dose)
- TOLVAPTAN** 60 mg PO every morning and 30 mg po 8 hours later
- TOLVAPTAN** 90 mg PO every morning and 30 mg po 8 hours later

There are also lower doses available listed below. These are not intended as starting doses, but rather are for patients who experience excessive/intolerable aquaretic symptoms on the conventional doses, or are concurrently taking other medications that affect tolvaptan pharmacokinetics.

- TOLVAPTAN** 15 mg PO every morning and 15 mg po 8 hours later
- TOLVAPTAN** 30 mg PO every morning and 15 mg po 8 hours later

Quantity:

- 12 month supply dispensed at 4 week intervals after reviewing blood work (default option)
- 12 month supply dispensed at 8 week intervals after reviewing blood work
(only choose this option if the patient has been on treatment for over 18 months)
- Other: _____

Note: Tolvaptan cannot be dispensed without evidence of up-to-date monitoring of hepatic enzymes.

DATE (DD/MM/YYYY)	PRESCRIBER NAME (PRINTED)	PRESCRIBER SIGNATURE	COLLEGE ID	CONTACT NUMBER