Treatment and Monitoring of Hyperadrenocorticism

DAY 1

Start VETORYL® Capsules at approximately 1mg/lb (2.2mg/kg) once daily as per prescribing information

Give daily, by mouth, with food, in the morning.

DAY 10-14

History, physical examination, serum biochemistry, with electrolytes

Perform ACTH stim test 4-6 hours after morning capsule

Ensure morning capsule was given with food

Post-ACTH serum cortisol <1.45 µg/dL (<40 nmol/L) and clinically well

Stop VETORYL Capsules for approximately 7 days

RETURN TO DAY 1 and administer a LOWER DOSE

Repeat ACTH Stim test in 10-14 days after restarting lower dose

Post-ACTH serum cortisol >1.45 µg/dL (>40 nmol/L) and clinically well

Continue treatment at current dose

It is not recommended to increase dose yet, even if cortisol is >9.1 µg/dL

≥30 DAYS FROM INITIATION OF TREATMENT

History, physical examination, serum biochemistry, with electrolytes

ACTH stim test 4-6 hours after morning capsule given with food

Assess degree of clinical improvement

Showing clinical signs consistent with:

1. **Corticosteroid withdrawal syndrome** ("relative" cortisol deficiency characterized by weakness, lethargy, stiff gait, anorexia, fever during first 10 days of therapy)
2. **Hypoadrenocorticism** (e.g., anorexia, lethargy/depression, weakness, shaking/shivering, vomiting, diarrhea, bradycardia, collapse)

STOP VETORYL TREATMENT

Confirm whether clinical signs are due to hypoadrenocorticism with ACTH stim test and analysis of serum electrolytes (in particular Na+ and K+)

Treat symptomatically as required, e.g.

- dexamethasone to treat hypocortisolemia
- IV 0.9% NaCl to resolve hyperkalemia

SIGNIFICANT IMPROVEMENT

Post-ACTH serum cortisol <1.45 µg/dL (<40 nmol/L) and clinically well

Stop VETORYL Capsules for 7 days depending on the severity of the clinical signs and then

RETURN TO DAY 1 AT LOWER DOSE

Post-ACTH serum cortisol 1.45-5.4 µg/dL (40-150 nmol/L)

Continue treatment at current dose

Post-ACTH serum cortisol 5.41-9.1 µg/dL (150-250 nmol/L)

Continue on current dose but monitor clinical signs carefully for recurrence

Post-ACTH serum cortisol >9.1 µg/dL (>250 nmol/L)

Continue current dose and recheck in 1-3 months OR RETURN TO DAY 1 and increase morning dose

Continue monitoring history, physical examination, electrolytes and ACTH stim test every 90 days.

If dose is altered always recheck ACTH stim again 10-14 days later

CLINICAL SIGNS NOT FULLY CONTROLLED

Rule out concurrent illness

If clinical signs are not controlled for a full 24 hour period, twice daily dosing may be indicated or a dosage increase

Post-ACTH serum cortisol >5.4 µg/dL (>150 nmol/L)

Increase dose

RETURN TO DAY 1

To change to twice daily dosing, use combinations of capsule sizes to split the current daily dose into two doses.

If Post-ACTH serum cortisol >9.1 µg/dL (>250 nmol/L), total daily dose can be slowly increased and split into two doses

Continue to monitor as per approved label recommendations

Perform ACTH stim test 4-6 hours post morning capsule

If you have questions at any point during patient management, contact Dechra Veterinary Technical Services at (866) 933-2472