Terlipressin Intravenous for Adults

Who can administer

May be administered by registered competent doctor or nurse/midwife

Important information

- New safety information in relation to use of this drug in Hepato-renal syndrome has been published in 2023

Available preparations

Terlipressin 1mg per 5ml vial (EVER Pharma)

Glypressin 1mg in 8.5mL ampoule (not routinely stocked in GUH)

Reconstitution

Terlipressin 1mg per 5ml vial (EVER Pharma)

- Already in solution

Glypressin

- Already in solution
- Draw up using a 5 micron filter needle

Infusion fluids

Not generally required- product ready for use

- but see under Further Information regarding use as a continuous intravenous infusion

Methods of intravenous administration

Bolus intravenous injection

- Administer required dose over at least 1 minute [ref 1]

Continuous intravenous infusion (Hepato-Renal Syndrome (HRS) only)

- Not commonly used in GUH to date
- May be considered to reduce risk of some adverse effects - see guidance here

- See under Further Information

Dose in adults

Short term management of bleeding oesophageal varices [SPC and ref 2]

• Different preparations of terlipressin are available (Terlipressin EVER Pharma, Glypressin) **-these have different indications and are licensed at different doses for the same indication**.
• **Hence, clinical judgement is required when prescribing**

	Weight	Dose	Duration
Terlipressin (Ever pharma)	<50kg	Initially 1mg, then 1mg every 4 to 6 hours	48 to 72 hours
	50 to 70kg	Initially 1.5mg, then 1mg every 4 to 6 hours	
	70kg or more	Initially 2mg, then 1mg every 4 to 6 hours	
Glypressin	<50kg	Initially, 2mg every four hours until bleeding controlled, then reduced to 1mg every four hours, if required	maximum of 48 hours
	>50kg	Initially, 2mg every four hours until bleeding controlled, reduced if not tolerated to 1mg every four hours	

Type 1 Hepato-renal syndrome (HRS)

• Dose below is as per BNF - the doses in the product SPCs can differ from this
• **Hence, clinical judgement is required when prescribing**

Dose	Duration	Comment
Give 1mg every 4 to 6 hours, increased if necessary up to 2mg every four hours Dose to be increased if serum creatinine does not decrease by at least 25% after 3 days	Usual total duration of treatment: 7 days (up to a max of 14 days)	Discontinue treatment when serum creatinine falls below 133 micromol/L Note new safety concerns with the use of this drug in HRS

Renal impairment

- **Hepatorenal syndrome**
  - Avoid in advanced renal dysfunction i.e.baseline serum creatinine >442 micromol/L unless the benefit is judged to outweigh the risk
  - See also new safety warnings - see guidance here

Hepatic impairment

- **Hepatorenal syndrome**
  - Avoid in severe liver disease defined as Acute-on-Chronic Liver failure (ACLF) grade 3 and/or MELD score 39 or more unless the benefit is judged to outweigh the risk
  - See also new safety warnings - see guidance here

Monitoring

- Monitor blood pressure, heart rate, haematology, fluid balance and electrolytes
- HRS: respiratory adverse effects have been reported - see new safety guidance here

Further information

Continuous intravenous infusion (HRS only)

- Not commonly used in GUH to date
- Suggested as an optionÂ to reduce risk of some adverse effects - see guidance here
- **Dilution options** (ref 1)
    - Using 1mg in 50mL Glucose 5% (20 micrograms/mL)
    - Using 2mg in 100mL Glucose 5% (20 micrograms/mL)
    - Using 5mg in 250mL Glucose 5% (20 micrograms/mL)
- **Dose (HRS)**
    - Starting dose 2mg over 24 hours
    - Increased to a maximum of 12mg over 24 hours
    - Adjust dose according to response

Storage

- Store between 2 to 8^{0}C
- Do not freeze

References

Terlipressin 1mg per 5ml via (EVER Pharma) March 2025

Glypressin SPC March 2023

1. Injectable Medicines Administration Guide downloaded from Medusa 20th March 2025

2. BNF accessed online via medicinescomplete 19/06/2025

Therapeutic classification

Posterior pituitary hormone