

Commercial/Healthcare Exchange PA Criteria

Effective: July 25, 2018

Prior Authorization: Jynarque

<u>Products Affected:</u> Jynarque (tolvaptan) oral tablet

Medication Description:

Jynarque (tolvaptan) is indicated to reduce the decline in kidney function in adults at risk of rapidly-progressing autosomal dominant polycystic kidney disease (ADPKD).

Jynarque is a selective vasopressin V_2 -receptor antagonist, which selectively binds to the V_2 -receptor, causing reduced intracellular levels of adenosine 3', 5'-cyclic monophosphate (cAMP), and leading to increased water excretion without electrolyte loss.

<u>Covered Uses:</u> Slow kidney function decline in adults at risk of rapidly progressing autosomal dominant polycystic kidney disease (ADPKD).

Exclusion Criteria:

- 1. Patients with a history, signs or symptoms of liver impairment or injury (excluding uncomplicated polycystic liver disease)
- 2. Patients taking strong CYP3A inhibitors
- 3. Patients with uncorrected abnormal blood sodium concentrations
- 4. Patients unable to sense or respond to thirst
- 5. Patients with hypovolemia
- 6. Patients with known hypersensitivity (e.g., anaphylaxis, rash) to tolvaptan
- 7. Patients with uncorrected urinary outflow obstruction
- 8. Patients with anuria

Required Medical Information:

- 1. Diagnosis
- 2. Medical history

Age Restrictions: 18 years of age or older

Prescriber Restrictions: Prescribed by, or in consultation with, a nephrologist or a health care provider specializing in kidney health.

Coverage Duration: Initial: 3 months, Renewal: 6 months

Other Criteria:

Initial:

- A. Patient has a diagnosis of autosomal dominant polycystic kidney disease (ADPKD); AND
- B. Patient is at risk of rapidly-progressing autosomal dominant polycystic kidney disease (ADPKD); AND
- C. Patient has baseline ALT, AST and bilirubin laboratory results within the normal range; AND
- D. Patient has a baseline serum sodium concentration <150 mEq/L

Last Rev. January, 2020





Continuation

A. Approve if the patient meets the following criteria: Patient has baseline ALT, AST and bilirubin

References:

1. Jynarque [package insert]. Rockville, MD: Otsuka America Pharmaceutical, Inc.; February 2019.

Policy Revision history

Rev#	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	07/11/2018
2	Update	Updated Per FDA Label	Covered Uses Exclusion Criteria	01/14/2020