| Market Applicability | | | | | | | | | | | | | | |
|----------------------|----|----------------|-----------|-----------|----|----|----|----|----|----|----|----|----|----|
| Market | DC | FL & FHK | FL MMA | FL LTC | GA | KS | КҮ | MD | NJ | NV | NY | TN | TX | WA |
| Applicable | Х | Х | NA | NA | Х | NA | Х | Х | Х | Х | Χ | NA | NA | Χ |

^{*}FHK- Florida Healthy Kids

Jynarque (tolvaptan)

| Override(s) | Approval Duration |
|---------------------|-------------------|
| Prior Authorization | 1 year |
| Quantity Limit | |

| Medications | Quantity Limit | | | | | |
|----------------------|----------------------------------|--|--|--|--|--|
| Jynarque (tolvaptan) | May be subject to quantity limit | | | | | |
| | | | | | | |

APPROVAL CRITERIA

Requests for Jynarque (tolvaptan) may be approved if the following criteria are met:

- I. Individual is 18 years of age or older; **AND**
- II. Individual has a diagnosis of autosomal dominant polycystic kidney disease and is at risk of or is experiencing rapidly progressing disease.

Jynarque (tolvaptan) may **not** be approved for the following:

- I. Individual has an uncorrected abnormal blood sodium level; **OR**
- II. Individual is unable to sense or appropriately respond to thirst; **OR**
- III. Individual has a diagnosis of hypovolemia; **OR**
- IV. Individual has an uncorrected urinary outflow obstruction; **OR**
- V. Individual is anuric; **OR**
- VI. Individual has underlying significant liver disease (not including uncomplicated polycystic liver disease); **OR**
- VII. Individual will be concurrently utilizing a strong CYP 3A inhibitor (such as, clarithromycin, ketoconazole, itraconazole, ritonavir, indinavir, nelfinavir, saquinavir, nefazodone, and telithromycin) (FDA).

Notes: Jynarque (tolvaptan) has a black box warning for serious and potentially fatal liver injury. ALT, AST and bilirubin should be monitored before treatment initiation, at 2 weeks and 4 weeks after initiation, monthly for the first 18 months and every 3 months thereafter. Jynarque is available only through a restricted distribution program called the Jynarque REMS Program.

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

| Market Applicability | | | | | | | | | | | | | | |
|----------------------|----|----------------|-----------|-----------|----|----|----|----|----|----|----|----|----|----|
| Market | DC | FL & FHK | FL MMA | FL LTC | GA | KS | КҮ | MD | NJ | NV | NY | TN | TX | WA |
| Applicable | Χ | Χ | NA | NA | Χ | NA | Χ | Χ | Χ | Χ | Χ | NA | NA | Χ |

^{*}FHK- Florida Healthy Kids

| State Specific Mandates | | | | | | | | | |
|-------------------------|----------------|---|--|--|--|--|--|--|--|
| State name | Date effective | Mandate details (including specific bill if applicable) | | | | | | | |
| N/A | N/A | N/A | | | | | | | |

Key References:

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- 4. Jynarque (tolvaptan) tablets for oral use [product information]. Rockville, MD: Otsuka Pharmaceuticals Ltd.; April 2018. Available at: https://www.otsuka-us.com/media/static/JYNARQUE-PI.pdf. Accessed: June 27, 2018.
- 5. Lexi-Comp ONLINETM with AHFSTM, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.
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