



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2023 P 1251-6
Program	Prior Authorization/Notification
Medication	Jynarque [®] (tolvaptan)
P&T Approval Date	8/2018, 8/2019, 8/2020, 8/2021, 8/2022, 8/2023
Effective Date	11/1/2023

1. Background:

Jynarque is a selective vasopressin V2-receptor antagonist indicated to slow kidney function decline in adults at risk of rapidly progressing autosomal dominant polycystic kidney disease (ADPKD).

2. Coverage Criteria^a:

A. Autosomal Dominant Polycystic Kidney Disease

1. Initial Authorization

a. **Jynarque** will be approved based on of the following criterion:

- (1) Diagnosis of autosomal dominant polycystic kidney disease (ADPKD)

Authorization will be issued for 12 months.

2. Reauthorization

a. **Jynarque** will be approved based on the following criterion:

- (1) Documentation of positive clinical response to Jynarque therapy

Authorization will be issued for 12 months.

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

- 1. Jynarque [package insert]. Rockville MD: Otsuka America Pharmaceutical, Inc.; October 2020.

Program	Prior Authorization/Notification – Jynarque (tolvaptan)
Change Control	
8/2018	New program.
8/2019	Annual review with no changes to coverage criteria.
8/2020	Annual review with no changes to coverage criteria.
8/2021	Annual review with no changes to coverage criteria. Updated reference.
8/2022	Annual review with no changes to coverage criteria. Added state mandate footnote.
8/2023	Annual review with no changes to coverage criteria.