UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

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| Program Number | 2021 P 1251-4 |
| Program | Prior Authorization/Notification |
| Medication | Jynarque® (tolvaptan) |
| P&T Approval Date | 8/2018, 8/2019, 8/2020, 8/2021 |
| Effective Date | 11/1/2021;<br>Oxford only: 11/1/2021 |

**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. 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.**

**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.

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|---|---|
| **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. |

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