HAP CareSource™

PHARMACY POLICY STATEMENT
HAP CareSource™ Marketplace

DRUG NAME	Jynarque (tolvaptan)
BENEFIT TYPE	Pharmacy
STATUS	Prior Authorization Required

Jynarque, initially approved by the FDA in 2018, 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). Decreased binding of vasopressin to the V2-receptor in the kidney lowers adenylate cyclase activity resulting in a decrease in intracellular cAMP concentrations. Decreased cAMP concentrations prevent aquaporin 2 containing vesicles from fusing with the plasma membrane, which in turn causes an increase in urine water excretion, an increase in free water clearance (aquaresis) and a decrease in urine osmolality.

ADPKD is a genetic disorder that leads to the formation of cysts in the kidneys. It is sometimes referred to as "adult PKD" as it is usually diagnosed between 30 and 50 years of age. Symptoms include high blood pressure, flank pain, blood in the urine and poor function of the kidneys that gets worse over time. Organs other than the kidneys can become involved, but ultimately ADPKD leads to end stage renal disease.

Jynarque is only available through a Risk Evaluation and Mitigation Strategy (REMS) program due to the potential for fatal liver injury.

Jynarque (tolvaptan) will be considered for coverage when the following criteria are met:

Autosomal Dominant Polycystic Kidney Disease (ADPKD)

For **initial** authorization:

1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with a nephrologist; AND
3. Member has autosomal dominant polycystic kidney disease (ADPKD) confirmed by imaging (e.g. ultrasound, CT scan, or MRI scan) or genetic testing documented in chart notes; AND
4. Member is at risk of rapidly progressing disease, defined as having **ONE** of the following:
   a) Mayo classification 1D or 1E;
   b) Mayo classification 1C with **ONE** of the following:
      i) PROPKD score > 6 in patients with genetic data available;
      ii) Early hypertension/urological manifestations;
      iii) Truncating PKD1 mutation;
      iv) Family history (onset dialysis <60 years in two or more first-line family members);
   c) A confirmed eGFR decline of ≥3.0 ml/min per 1.73 m^2 per year over a period of 4 years; AND
5. Member has an eGFR ≥ 25 mL/min/1.73m^2; AND
6. Chart notes must show documentation of baseline liver function tests (e.g., ALT, AST, bilirubin); AND
7. Member does **NOT** have concurrent use with a diuretic agent (e.g. thiazide, furosemide).

8. **Dosage allowed/Quantity limit:** Administer 60 mg orally per day as 45 mg taken on waking and 15 mg taken 8 hours later. Titrate to 60 mg plus 30 mg then to 90 mg plus 30 mg per day if tolerated with at least weekly intervals between titrations. Patients may down-titrate based on tolerability. Quantity limit: 60 tablets per 30 days.

If all the above requirements are met, the medication will be approved for 12 months.

For **reauthorization**:

1. Chart notes have been provided that show slower decline in kidney function and improvement of symptoms (such as slowing of cyst growth and/or rate of eGFR decline, less kidney pain, etc.); AND
2. Member is **NOT** approaching kidney failure (i.e. needing dialysis, eGFR < 25 mL/min/1.73m^2, etc).

If all the above requirements are met, the medication will be approved for an additional 12 months.

HAP CareSource considers Jynarque (tolvaptan) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
06/09/2020	New policy for Jynarque created.
11/21/2023	Transferred to new template; updated/added references; removed TKV of ≥ 750 mL by MRI as qualifier for high risk; removed that patients cannot have had a prior kidney transplant or be on dialysis, added requirement in reauthorization criteria stating that member is not approaching renal failure; added documentation of baseline liver function tests; reworded definition of being at risk of rapidly progressing disease including removing TKV, eGFR decline in 1 year and average kidney length > 16.5 cm in a patient < 45 years old.

References:

1. Jynarque [Package Insert]. Rockville, MD: Otsuka Pharmaceutical Co., Ltd.; 2020.
2. Torres VE, Chapman AB, Devuyst O, et al. Tolvaptan in Later-Stage Autosomal Dominant Polycystic Kidney Disease. *N Engl J Med.* 2017;377(20):1930-1942. doi:10.1056/NEJMoa1710030
3. Torres VE, Chapman AB, Devuyst O, et al. Tolvaptan in patients with autosomal dominant polycystic kidney disease. N Engl J Med. 2012;367(25):2407-2418. doi:10.1056/NEJMoa1205511
4. Gansevoort RT, Arici M, Benzing T, et al. Recommendations for the use of tolvaptan in autosomal dominant polycystic kidney disease: a position statement on behalf of the ERA-EDTA Working Groups on Inherited Kidney Disorders and European Renal Best Practice. *Nephrol Dial Transplant.* 2016;31(3):337-348. doi:10.1093/ndt/gfv456
5. Srivastava A, Patel N. Autosomal dominant polycystic kidney disease. *Am Fam Physician*. 2014;90(5):303-307.
6. Chebib FT, Perrone RD, Chapman AB, et al. A Practical Guide for Treatment of Rapidly Progressive ADPKD with Tolvaptan. *J Am Soc Nephrol.* 2018;29(10):2458-2470. doi:10.1681/ASN.2018060590
7. Müller RU, Messchendorp AL, Birn H, et al. An update on the use of tolvaptan for autosomal dominant polycystic kidney disease: consensus statement on behalf of the ERA Working Group on Inherited Kidney Disorders, the European Rare Kidney Disease Reference Network and Polycystic Kidney Disease International. *Nephrol Dial Transplant*. 2022;37(5):825-839. doi:10.1093/ndt/gfab312
8. 2021 Georgia Code Title 33 – Insurance Chapter 20A - Managed Health Care Plans Article 2 - Patient's Right to Independent Review § 33-20A-31 Definitions. Justia US Law. Accessed April 25, 2023. https://law.justia.com/codes/georgia/2021/title-33/chapter-20a/article-2/section-33-20a-31/.

Effective date: 01/01/2025
Revised date: 11/21/2023