

POLICY NAME	Jynarque (tolvaptan)	POLICY #	2649P
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Criteria

Coverage Criteria

- ☐ 1.1 Diagnosis of rapidly progressing autosomal dominant polycystic kidney disease (ADPKD)
- ☐ 1.2 Prescribed by a nephrologist (kidney doctor)

Exclusion Criteria – Any of the following prevents coverage

- ☐ 2.1 Hypovolemia (low fluid level)
- ☐ 2.2 Uncorrected Hypernatremia (high sodium level)
- ☐ 2.3 Use in patients unable to sense or appropriately respond to thirst
- ☐ 2.4 Clinically relevant hepatic impairment (liver problems)
- ☐ 2.5 Anuria (lack of urination)
- ☐ 2.6 Pregnancy
- ☐ 2.7 Breastfeeding