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5.30.053

Section:	Prescription Drugs	**Effective Date:**	July 1, 2023
Subsection:	Endocrine and Metabolic Drugs	**Original Policy Date:**	May 25, 2018
Subject:	Jynarque	**Page:**	1 of 5

Last Review Date: June 15, 2023

Jynarque

Description

Jynarque (tolvaptan)

Background
Jynarque (tolvaptan) is a selective vasopressin V_{2-} receptor antagonist indicated to slow kidney function decline in adults at risk of rapidly progressing autosomal dominant polycystic kidney disease (ADPKD). Decreasing binding of vasopressin to the V2-receptor in the kidney lowers adenylate cyclase activity resulting in a decrease in intracellular adenosine 3', 5-cyclic monophosphate (cAMP) concentrations. In clinical trials, decreased cAMP concentrations were associated with decreases in the rate of growth of total kidney volume and the rate of formation and enlargement of kidney cysts (1).

Regulatory Status
FDA-approved indication: Jynarque is indicated to slow kidney function decline in adults at risk of rapidly progressing autosomal dominant polycystic kidney disease (ADPKD) (1).

Jynarque is contraindicated if the patient has a history of signs or symptoms of significant liver impairment or injury, uncorrected abnormal blood sodium concentrations, unable to sense or respond to thirst, hypovolemia, hypersensitivity to tolvaptan or any of its components, uncorrected urinary outflow obstruction, or anuria (1).

Monitor patients taking any CYP3A inhibitors in combination with Jynarque for adverse effects, as Jynarque exposure could be increased. Jynarque is contraindicated in patients with

concomitant use of strong CYP3A inhibitors (such as ketoconazole, itraconazole, lopinavir/ritonavir, indinavir/ritonavir, ritonavir, and conivaptan).

To mitigate the risk of significant or irreversible liver injury, blood testing should be performed for ALT, AST, and bilirubin prior to initiation of Jynarque, at 2 and 4 weeks after initiation, monthly for 18 months and every 3 months thereafter. Monitor for concurrent symptoms that may indicate liver injury (1).

The safety and effectiveness of Jynarque in pediatric patients have not been established (1).

Related policies
Samsca

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Jynarque may be considered **medically necessary** if the conditions indicated below are met.

Jynarque may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 18 years of age and older

Diagnosis

Patient must have the following:

Rapidly progressing autosomal dominant polycystic kidney disease (ADPKD)

AND ALL of the following:

1. Prescriber and patient are enrolled in the Jynarque REMS program
2. Prescriber agrees to obtain ALT, AST and bilirubin prior to initiation, at weeks 2, 4, and then monthly during the first 18 months of therapy

AND NONE of the following:

1. History of significant liver impairment or injury (does not include uncomplicated polycystic liver disease)
2. Uncorrected abnormal blood sodium concentrations
3. Patient is hypovolemic, anuric, or has an uncorrected urinary outflow obstruction
4. Dual therapy with Samsca (tolvaptan)

Prior–Approval *Renewal* Requirements

Age 18 years of age and older

Diagnosis

Patient must have the following:

Autosomal dominant polycystic kidney disease (ADPKD)

AND ALL of the following

1. Prescriber and patient are enrolled in the Jynarque REMS program
2. Prescriber agrees to monitor ALT, AST every 3 months

AND NONE of the following:

1. Signs or symptoms consistent with hepatic injury
2. Uncorrected abnormal blood sodium concentrations
3. Patient is hypovolemic, anuric, or has an uncorrected urinary outflow obstruction
4. Dual therapy with Samsca (tolvaptan)

Policy Guidelines

Pre–PA Allowance

None

Prior–Approval Limits

Quantity 60 tablets per 30 days

Duration 18 months

Prior–Approval *Renewal* Limits

Same as above

Rationale

Summary

Jynarque (tolvaptan) is a selective vasopressin V_{2-} receptor antagonist indicated to slow kidney function decline in adults at risk of rapidly progressing autosomal dominant polycystic kidney disease (ADPKD). Decreasing binding of vasopressin to the V2-receptor in the kidney lowers adenylate cyclase activity resulting in a decrease in intracellular adenosine 3', 5-cyclic monophosphate (cAMP) concentrations. In clinical trials, decreased cAMP concentrations were associated with decreases in the rate of growth of total kidney volume and the rate of formation and enlargement of kidney cysts Jynarque is contraindicated if the patient has a history of signs or symptoms of significant liver impairment or injury, concomitant use of strong CYP3A inhibitors (ketoconazole, itraconazole, lopinavir/ritonavir, indinavir/ritonavir, ritonavir, and conivaptan), uncorrected abnormal blood sodium concentrations, unable to sense or respond to thirst, hypovolemia, hypersensitivity to tolvaptan or any of its components, uncorrected urinary outflow obstruction, or anuria. Jynarque is available only through a restricted distribution program under a Risk Evaluation and Mitigation Strategy (REMS) because of the risks of liver injury (1).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Jynarque while maintaining optimal therapeutic outcomes.

References

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

Policy History

Date	Action
May 2018	Addition to PA
September 2018	Annual review Addition of: contraindication to concomitant use with strong CYP3A inhibitors to regulatory status; and no dual therapy with Samsca
December 2019	Annual review and reference update

June 2020	Annual editorial review and reference update. Addition of PA quantity limit per FEP
June 2021	Annual review and reference update
June 2022	Annual review
June 2023	Annual review. Changed policy number to 5.30.053

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on June 15, 2023 and is effective on July 1, 2023.