

## JYNARQUE (tolvaptan)

**Diagnosis Considered for Coverage:**

- Rapidly progressing autosomal dominant polycystic kidney disease (ADPKD) – *ICD10 code Q61.2*

**Coverage Criteria:**

**For diagnosis listed above:**

- Patient at least 18 years old, **and**
- Being prescribed by or in consultation with a nephrologist, **and**
- Patient is NOT currently receiving dialysis treatment, **and**
- Dose does not exceed 2 tablets per day, **and**
- Patient is at risk of developing rapidly progressing ADPKD.

**Coverage Duration:** one year

Effective Date: 09/27/2023