



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	January 18, 2019

JYNARQUE™ (tolvaptan)

LENGTH OF AUTHORIZATION: UP TO ONE YEAR

REVIEW CRITERIA:

- Must be ≥ 18 years of age.
- Must have a confirmed diagnosis of autosomal dominant polycystic kidney disease.

DOSING AND ADMINISTRATION:

- 60mg by mouth per day administered as 45mg upon waking and 15mg 8 hours later. If tolerated, titrate after at least a week to a total daily dose of 90mg (60mg upon waking and 30mg 8 hours later) and then to a target daily dose of 120mg (90mg upon waking and 30mg 8 hours later).