

Drug Policy

Policy:	Tolvaptan Products Jynarque (tolvaptan) Tolvaptan (generic of Jynarque) Tolvaptan (generic of Samsca)	Annual Review Date: 07/16/2026 Last Revised Date: 07/16/2026
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OVERVIEW

Tolvaptan (generic of Samsca), a selective vasopressin V₂-receptor antagonist, is indicated for the treatment of clinically significant hypervolemic and euvoletic hyponatremia (serum sodium < 125 mEq/L or less marked hyponatremia that is symptomatic and has resisted correction with fluid restriction), including patients with heart failure (HF) and syndrome of inappropriate antidiuretic hormone (SIADH). Patients requiring intervention to raise serum sodium urgently to prevent or to treat serious neurological symptoms should not be treated with Samsca or generic tolvaptan. Samsca and generic tolvaptan have a Boxed Warning that patients should be in a hospital for initiation and re-initiation of therapy to assess the therapeutic response. Too rapid of a correction of hyponatremia can lead to osmotic demyelination causing dysarthria, mutism, dysphagia, lethargy, affective changes, spastic quadriparesis, seizures, coma, and death. Jynarque indication is to slow kidney function decline in adults at risk of rapidly progressing autosomal dominant polycystic kidney disease (ADPKD).

POLICY STATEMENT

This policy involves the use of Jynarque, and generic tolvaptan. Prior authorization is recommended for pharmacy benefit coverage of Jynarque, and generic tolvaptan. Approval is recommended for those who meet the conditions of coverage in the **Criteria and Initial/Extended Approval** for the diagnosis provided. **Conditions Not Recommended for Approval** are listed following the recommended authorization criteria. Requests for uses not listed in this policy will be reviewed for evidence of efficacy and for medical necessity on a case-by-case basis.

Because of the specialized skills required for evaluation and diagnosis of patients treated with Jynarque and its generic as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Jynarque and its generic be prescribed by or in consultation with a physician who specializes in the condition being treated. All approvals for initial therapy are provided for the initial approval duration noted below; if reauthorization is allowed, a response to therapy is required for continuation of therapy unless otherwise noted below.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of **generic tolvaptan (generic of Samsca)** is recommended in those who meet the following criteria:

1. Hyponatremia

Criteria. *Approve generic tolvaptan if the patient meets all of the following criteria:*

- i. The patient meets one of the following:

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- i. The patient has a serum sodium < 125 mEq/L at baseline; OR
- ii. The patient has less marked hyponatremia, defined as serum sodium < 135 mEq/L at baseline, that is symptomatic (e.g., nausea, vomiting, headache, lethargy, confusion) and has resisted correction with fluid restriction; OR
- iii. The patient has already been started on generic tolvaptan and has received < 30 days of therapy; AND

Coverage of **Jynarque and its generic (tolvaptan)** is recommended in those who meet the following criteria:

1. At Risk Patients for Rapidly Progressing Autosomal Dominant Polycystic Kidney Disease (ADPKD)- initial

Criteria. *Approve Jynarque and/or its generic if the patient meets all of the following criteria:*

- i. Medication requested is being used to slow kidney function decline; AND
- ii. Patient is 18 years of age or older; AND
- iii. Liver function laboratory values (ALT, AST and bilirubin) have been reviewed and are appropriate before initiation; AND
- iv. The requested drug is prescribed by or under consultation with a nephrologist; AND
- v. The patient is not on renal replacement therapy; AND
Note: Renal replacement therapy is defined as dialysis or kidney transplantation.
- vi. At baseline, the patient had an estimated glomerular filtration rate $\geq 25\text{mL/min/1.73 m}^2$
Note: This refers to baseline prior to treatment with any tolvaptan product.

2. At Risk Patients for Rapidly Progressing Autosomal Dominant Polycystic Kidney Disease (ADPKD)- continuation

Criteria. *Approve Jynarque and/or its generic if the patient meets all of the following criteria:*

- i. Medication requested is being used to slow kidney function decline; AND
- ii. The requested drug is prescribed by or under consultation with a nephrologist; AND
- iii. Patient's kidney function (total kidney volume (TKV), albuminuria, onset or progression of hypertension, eGFR, etc.) decline has slowed and/or kidney pain has improved per provider since treatment with Jynarque; AND
- iv. Provider is monitoring liver function monthly for the first 18 months of treatment, then every 3 months

Initial Approval/ Extended Approval.

A) Initial Approval: hyponatremia- 30 days
ADPKD - 90 days

B) Extended Approval: hyponatremia- not recommended
ADPKD - 1 year (365 days)

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Jynarque and generic tolvaptan have not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval).

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1. **Concomitant use of Samsca/generic tolvaptan and Jynarque/generic tolvaptan.** Samsca and Jynarque are both tolvaptan products with different indications. Samsca and its generic are indicated for the treatment of clinically-significant hypervolemic and euvolemic hyponatremia, while Jynarque and its generic is indicated to slow kidney function decline in adults at risk of rapidly-progressing ADPKD. Concomitant use is not recommended.
2. **Patients Requiring Intervention to Raise Serum Sodium Urgently to Prevent or to Treat Serious Neurological Symptoms.** Tolvaptan products have not been studied in a setting of urgent need to raise serum sodium acutely.
3. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the drug provided or services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

REFERENCES

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4. Tolvaptan. In: DRUGDEX [online database]. Truven Health Analytics; Greenwood Village, CO. Last updated 15 July 2026. Accessed on 22 July 2026.
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