Drug Coverage Policy

Effective Date.....10/15/2024
Coverage Policy Number.....IP0287
Policy Title..... Jynarque

Tolvaptan Products – Jynarque

- Jynarque® (tolvaptan tablets – Otsuka)

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment and have discretion in making individual coverage determinations. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Cigna Healthcare Coverage Policy

Overview

Jynarque, a selective vasopressin V_2-receptor antagonist, is indicated to slow kidney function decline in adults at risk of rapidly-progressing **autosomal dominant polycystic kidney disease** (ADPKD).[1]

Disease Overview

ADPKD is a heterogeneous, inherited kidney disorder associated with the development of kidney cysts, which result in kidney pain, hypertension, renal failure, and other clinical sequelae.[2-5] The condition is a common cause of end-stage renal disease; however, other organs are also impacted (e.g., hepatic and vascular systems). Progressive kidney enlargement occurs; however, manifestations generally do not occur until later in life (fourth decade) due to compensatory renal

mechanisms. If a parent has the condition, a child has a 50% chance of inheritance. Approximately 600,000 people in the US have this condition.

Guidelines
The European Renal Association Working Groups on Inherited Kidney Disorders, the European Rare Kidney Disease Reference Network, and the Polycystic Kidney Disease International published a consensus statement regarding use of tolvaptan in ADPKD (2022).[7] A confirmed annual estimated glomerular filtration rate decline ≥ 3.0 mL/min/1.73 m^2 over a period of ≥ 4 years defines rapid progression. Also, a Mayo Classification of 1D or 1E indicates rapid disease progression. Patients with Mayo Classification of 1C should be further evaluated for additional evidence of rapid disease progression. Total kidney volume changes should not be used as a marker of progression in individual patients. Finally, Jynarque should be discontinued when the patient approaches kidney failure (i.e., the need for renal replacement therapy).

The National Kidney Foundation and the Polycystic Kidney Disease Foundation list tolvaptan as an FDA-approved treatment option for patients with ADPKD.[5,8]

Medical Necessity Criteria

Jynarque is considered medically necessary when the following criteria are met:

FDA-Approved Indication

1. **Autosomal Dominant Polycystic Kidney Disease.** Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** According to the prescriber, the patient has rapidly-progressing autosomal dominant polycystic kidney disease; AND
     Note: Examples of rapidly declining renal function include estimated glomerular filtration rate decline of ≥ 3.0 mL/min/1.73 m^2, and Mayo Classification of 1D or 1E.
   - **C)** Patient does not have Stage 5 chronic kidney disease; AND
     Note: Stage 5 chronic kidney disease is defined as glomerular filtration rate < 15 mL/min/1.73 m^2 or receiving dialysis.
   - **D)** The medication is prescribed by or in consultation with a nephrologist.

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Receipt of sample product does not satisfy any criteria requirements for coverage.

Conditions Not Covered

Any other use is considered experimental, investigational, or unproven, including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

1. **Patient is Currently Receiving Samsca (tolvaptan tablets).** Samsca is a tolvaptan product that is indicated for the treatment of clinically-significant hypervolemic and euvolemic hyponatremia, including patients with heart failure and syndrome of inappropriate antidiuretic hormone (SIADH).[6] Concomitant use is not recommended.

2. **Hyponatremia.** Samsca is another tolvaptan product indicated for the treatment of clinically-significant hypervolemic and euvolemic hyponatremia (serum sodium < 125 mEq/L or less marked hyponatremia that is symptomatic and has resisted correction and fluid restriction), including patients with heart failure and SIADH. Samsca should be used for this condition.

References

1. Jynarque® tablets [prescribing information]. Rockville, MD: Otsuka; October 2020.
2. Chapman AB, Devuyst O, Eckardt KU, et al. Autosomal-dominant polycystic kidney disease (ADPKD): executive summary from a Kidney Disease: Improving Global Outcomes (KDIGO) Controversies Conference. *Kidney Int*. 2015;88:17-27.
3. Ong ACM, Devuyst O, Knebelmann B, et al, on behalf of the ERA-EDTA Working Group for Inherited Kidney Diseases. Autosomal dominant polycystic kidney disease: the changing face of clinical management. *Lancet*. 2015;385:1993-2002.
4. Harris PC, Torres VE. Polycystic Kidney Disease, Autosomal Dominant. In Adam MP, Ardinger HH, Pagon RA, et al., editors. GeneReviews® [Internet]. Seattle (WA): University of Washington, Seattle; 1993-2018. Last Updated: September 29, 2022. Available at: https://www.ncbi.nlm.nih.gov/books/NBK1246/ Accessed on June 20, 2024.
5. National Kidney Foundation. Polycystic kidney disease. Available at: https://www.kidney.org/atoz/content/polycystic. Accessed on June 20, 2024.
6. Samsca® tablets [prescribing information]. Rockville, MD: Otsuka; April 2021.
7. Muller RU, Messchendorp AL, Birn H, et al. An update on the use of tolvaptan for autosomal dominant polycystic kidney disease: Consensus statement on behalf of the ERA Working Group on Inherited Kidney Disorders, the European Rare Kidney Disease Reference Network and Polycystic Kidney Disease International. *Nephrol Dial Transplant*. 2022;37:825-839.
8. Polycystic Kidney Disease Foundation. Tolvaptan. Available at: https://pkdcure.org/tolvaptan/. Accessed on June 20, 2024.

Revision Details

Type of Revision	Summary of Changes	Date
Annual Revision	**Policy Name Change: Updated** Policy Name from "Tolvaptan (Jynarque®)" to "Tolvaptan Products – Jynarque." **Autosomal Dominant Polycystic Kidney Disease: Added** a note listing examples of rapidly declining renal function, such as eGFR decline of ≥ 3.0 mL/min/1.73 m^2, and Mayo Classification of 1D or 1E. **Added** a note defining Stage 5 chronic kidney disease as having an eGFR < 15 mL/min/1.73 m^2 or receiving dialysis.	10/15/2024

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