

Jynarque (tolvaptan)

Member and Medication Information	
* indicates required field	
*Member ID:	*Member Name:
*DOB:	*Weight:
*Medication Name/Strength:	<input type="checkbox"/> Do Not Substitute. Authorizations will be processed for the preferred Generic/Brand equivalent unless specified.
*Directions for use:	
Provider Information	
* indicates required field	
*Requesting Provider Name:	*NPI:
*Address:	
*Contact Person:	*Phone #:
*Fax #:	Email:
Fax form and relevant documentation including: laboratory results, chart notes and/or updated provider letter to Pharmacy PA at 855-828-4992 , to prevent processing delays.	

Jynarque Criteria for Approval (All must be met):

- Intended use is to slow kidney function decline in adults at risk of rapidly progressing autosomal dominant polycystic kidney disease (ADPKD).
- ALT, AST and bilirubin have been measured before initiating treatment, and will continue to be measured as per prescribing information.

Re-authorization Criteria:

Updated letter with medical justification or updated chart notes demonstrating positive clinical response.

Jynarque only: Initial Authorization of up to six (6) months, **Re-authorization:** Up to one (1) year

PROVIDER CERTIFICATION

I hereby certify this treatment is indicated, necessary and meets the guidelines for use.

Prescriber's Signature

Date