

Division: Pharmacy Policy	Subject: State of Florida's Agency for Health Care Administration's Prior Authorization Criteria
Original Development Date:	January 18, 2019
Original Effective Date:	
Revision Date:	

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LENGTH OF AUTHORIZATION: UP TO ONE YEAR

REVIEW CRITERIA:

- Must be \geq 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).