PRESCRIPTION REFERRAL FORM

Confidential—Protected Health Information
All fields with an * are required.

☐ **Walgreens Specialty Pharmacy**
Fax: (877) 231-8302 Phone: (800) 480-9052

☐ **Optum**
Fax: (844) 249-0014 Phone: (877) 719-6330

☐ **PANTHERx Rare Pharmacy**
Fax: (855) 246-3986 Phone: (833) 599-2245

1) Patient Demographic

First Name* **Last Name*** **MI** **DOB***

Address

City **State:** **ZIP**

Gender: **Preferred Language** **Email**

Phone* **Mobile**

Please attach a copy of your patient's current insurance card as well as an updated medication list.

Standard mobile carrier rates for voice and text messaging apply.

2) Prescription Information

ICD-10 code:* ☐ Q61.2 *(autosomal dominant polycystic kidney disease)* ☐ Other:

Prescription:* *Please note Specialty Pharmacy may dispense no more than 4 weekly blister packs at a time.*

☐ 45-mg/15-mg JYNARQUE® (tolvaptan) tablets, b.i.d., take one 45-mg tablet p.o. upon waking, one 15-mg tablet p.o. 8 hours later.

☐ 4 weekly blister packs ☐ 3 weekly blister packs ☐ 2 weekly blister packs ☐ 1 weekly blister pack ☐ Refills ___

☐ 60-mg/30-mg JYNARQUE® (tolvaptan) tablets, b.i.d., take one 60-mg tablet p.o. upon waking, one 30-mg tablet p.o. 8 hours later.

☐ 4 weekly blister packs ☐ 3 weekly blister packs ☐ 2 weekly blister packs ☐ 1 weekly blister pack ☐ Refills ___

☐ 90-mg/30-mg JYNARQUE® (tolvaptan) tablets, b.i.d., take one 90-mg tablet p.o. upon waking, one 30-mg tablet p.o. 8 hours later.

☐ 4 weekly blister packs ☐ 3 weekly blister packs ☐ 2 weekly blister packs ☐ 1 weekly blister pack ☐ Refills ___

Dose reduction of JYNARQUE is recommended for patients while taking moderate CYP3A inhibitors *(see Dosage and Administration [2.4])*. Patients should avoid grapefruit juice beverages while taking JYNARQUE.

Other Dosages Available:

☐ 15-mg/15-mg JYNARQUE® (tolvaptan) tablets, b.i.d., take one 15-mg tablet p.o. upon waking, one 15-mg tablet p.o. 8 hours later.

☐ 4 weekly blister packs ☐ 3 weekly blister packs ☐ 2 weekly blister packs ☐ 1 weekly blister pack ☐ Refills ___

☐ 30-mg/15-mg JYNARQUE® (tolvaptan) tablets, b.i.d., take one 30-mg tablet p.o. upon waking, one 15-mg tablet p.o. 8 hours later.

☐ 4 weekly blister packs ☐ 3 weekly blister packs ☐ 2 weekly blister packs ☐ 1 weekly blister pack ☐ Refills ___

1 weekly blister pack, 7-day supply, 14 tablets, 2 weekly blister packs, 14-day supply, 28 tablets, 3 weekly blister packs, 21-day supply, 42 tablets, 4 weekly blister packs, 28-day supply, 56 tablets

Titration Directions (if needed)

Special Instructions

Known Food/Drug Allergies

Rx Date* **NPI #*** **Prescriber Name***

PRESCRIBER SIGNATURE*

Brand Medically Necessary/Dispense as Written/Do Not Substitute ***Prescriber's signature required (NO STAMPS).***

Prescriber Authorization:

☐ **Yes** ☐ **No** I certify that therapy with JYNARQUE® (tolvaptan) is medically necessary for this patient based on my best professional judgment, and I have reviewed the current Prescribing Information for the prescribed product. I certify that the information provided in this form is complete and accurate to the best of my knowledge and medical expertise. I understand that I may not delegate signature authority. I attest that I am not on the HHS/OIG list of Excluded Individuals and that I am presently authorized under State law to prescribe and dispense the requested medication.

☐ **Yes** ☐ **No** If the patient insurance plan allows the pharmacy to submit an authorization request on behalf of prescriber, I authorize the Specialty Pharmacy and its representatives to act as my authorized agent to secure coverage and initiate the insurance prior authorization process for this patient, including the signing of any required forms on my behalf as my authorized agent.

PRESCRIBER SIGNATURE* **Date***

Prescriber's signature required (NO STAMPS).

First Name* **Last Name*** **MI**

State License #* **DEA #**

Site Name and Address

City* **State*** **ZIP***

Phone* **Fax**

Required for SPs

Office Contact Name* (and contact information if different from above)

Please see **IMPORTANT SAFETY INFORMATION** on page 2.

INDICATION and IMPORTANT SAFETY INFORMATION for JYNARQUE® (tolvaptan)

INDICATION:

JYNARQUE is indicated to slow kidney function decline in adults at risk of rapidly progressing autosomal dominant polycystic kidney disease (ADPKD).

IMPORTANT SAFETY INFORMATION:

WARNING: RISK OF SERIOUS LIVER INJURY

- **JYNARQUE® (tolvaptan) can cause serious and potentially fatal liver injury. Acute liver failure requiring liver transplantation has been reported**
- **Measure transaminases (ALT, AST) and bilirubin before initiating treatment, at 2 weeks and 4 weeks after initiation, then monthly for the first 18 months and every 3 months thereafter. Prompt action in response to laboratory abnormalities, signs, or symptoms indicative of hepatic injury can mitigate, but not eliminate, the risk of serious hepatotoxicity**
- **Because of the risks of serious liver injury, JYNARQUE is available only through a Risk Evaluation and Mitigation Strategy program called the JYNARQUE REMS Program**

CONTRAINDICATIONS:

- History, signs or symptoms of significant liver impairment or injury. This contraindication does not apply to uncomplicated polycystic liver disease
- Taking strong CYP3A inhibitors
- With uncorrected abnormal blood sodium concentrations
- Unable to sense or respond to thirst
- Hypovolemia
- Hypersensitivity (e.g., anaphylaxis, rash) to JYNARQUE or any component of the product
- Uncorrected urinary outflow obstruction
- Anuria

Serious Liver Injury: JYNARQUE can cause serious and potentially fatal liver injury. Acute liver failure requiring liver transplantation has been reported in the post-marketing ADPKD experience. Discontinuation in response to laboratory abnormalities or signs or symptoms of liver injury (such as fatigue, anorexia, nausea, right upper abdominal discomfort, vomiting, fever, rash, pruritus, icterus, dark urine or jaundice) can reduce the risk of severe hepatotoxicity. To reduce the risk of significant or irreversible liver injury, assess ALT, AST and bilirubin prior to initiating JYNARQUE, at 2 weeks and 4 weeks after initiation, then monthly for 18 months and every 3 months thereafter.

Hypernatremia, Dehydration and Hypovolemia: JYNARQUE therapy increases free water clearance which can lead to dehydration, hypovolemia and hypernatremia. Instruct patients to drink water when thirsty, and throughout the day and night if awake. Monitor for weight loss, tachycardia and hypotension because they may signal dehydration. Ensure abnormalities in sodium concentrations are corrected before initiating therapy. If serum sodium increases above normal or the patient becomes hypovolemic or dehydrated and fluid intake cannot be increased, suspend JYNARQUE until serum sodium, hydration status and volume status parameters are within the normal range.

Inhibitors of CYP3A: Concomitant use of JYNARQUE with drugs that are moderate or strong CYP3A inhibitors (e.g., ketoconazole, itraconazole, lopinavir/ritonavir, indinavir/ritonavir, ritonavir, and conivaptan) increases tolvaptan exposure. Use with strong CYP3A inhibitors is contraindicated; dose reduction of JYNARQUE is recommended for patients taking moderate CYP3A inhibitors. Patients should avoid grapefruit juice beverages while taking JYNARQUE.

Adverse Reactions: Most common observed adverse reactions with JYNARQUE (incidence >10% and at least twice that for placebo) were thirst, polyuria, nocturia, pollakiuria and polydipsia.

Other Drug Interactions:

- **Strong CYP3A Inducers:** Co-administration with strong CYP3A inducers reduces exposure to JYNARQUE. Avoid concomitant use of JYNARQUE with strong CYP3A inducers
- **V_2-Receptor Agonist:** Tolvaptan interferes with the V_2-agonist activity of desmopressin (dDAVP). Avoid concomitant use of JYNARQUE with a V_2-agonist.

Pregnancy and Lactation: Based on animal data, JYNARQUE may cause fetal harm. In general, JYNARQUE should be discontinued during pregnancy. Advise women not to breastfeed during treatment with JYNARQUE.

To report SUSPECTED ADVERSE REACTIONS, contact Otsuka America Pharmaceutical, Inc. at 1-800-438-9927 or FDA at 1-800-FDA-1088 (www.fda.gov/medwatch).

Please see FULL PRESCRIBING INFORMATION, including **BOXED WARNING**.

Otsuka

Otsuka America Pharmaceutical, Inc.

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