GEORGIA MEDICAID FEE-FOR-SERVICE
JYNARQUE PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
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<tr>
<td>Jynarque (tolvaptan)</td>
<td>N/A</td>
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LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

❖ Approvable for members 18 years of age or older with a diagnosis of autosomal dominant polycystic kidney disease (ADPKD) who are at risk of rapidly progressing disease and are on a sodium-restricted diet.
❖ Prescriber and member must be enrolled in the Jynarque Risk Evaluation and Mitigation Strategy (REMS) program.

EXCEPTIONS:

• Exceptions to these conditions of coverage are considered through the prior authorization process.
• The Prior Authorization process may be initiated by calling OptumRx at 1-866-525-5827.

PREFERRED DRUG LIST:

• For online access to the Preferred Drug List (PDL), please go to http://dch.georgia.gov/preferred-drug-lists.

PA and APPEAL PROCESS:

• For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

• For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.