Montana Healthcare Programs Prior Authorization Request Form for Use of Lupkynis (voclosporin)

<table>
<thead>
<tr>
<th>Member Name:</th>
<th>DOB:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Medicaid ID:</td>
<td>Prescriber Phone:</td>
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<tr>
<td>Prescriber Name/Specialty:</td>
<td>Prescriber Fax:</td>
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<td>Requested Dose/Directions:</td>
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**Please complete below information for applicable situation, Initiation or Continuation of therapy:**

**□ INITIATION OF THERAPY:** Member must meet all of the following criteria:

1. Member is 18 years of age or older: □ Yes □ No
2. Medication is being prescribed by a nephrologist or rheumatologist: □ Yes □ No
3. Member has a diagnosis of active lupus nephritis: □ Yes □ No
4. Member must have a blood pressure <165/105 mmHg: Most recent blood pressure reading ______________________
5. Member must have an estimated glomerular filtration rate (eGFR) ≥ 45ml/min/1.73²: Recent eGFR________________
6. Provider has attached clinical documentation of functional impairment due to poor control, which may include but is not limited to limitation of activities of daily living (ADLs) due to pain, impaired ambulation or missing school and/or work: □ Yes □ No
7. Member is currently on therapy for systemic lupus erythematosus (SLE) and all of the following are met:
   - □ Member requires daily use of oral corticosteroids, unless contraindicated, ineffective or not tolerated.
   - □ Member is on therapeutic dose of mycophenolate mofetil (MMF).
   - □ Member is not currently on IV-administered cyclophosphamide

**LIMITATIONS:** 6 capsules per day/180 capsules per 30 days

Initial authorization will be granted for six months.

**□ CONTINUATION OF THERAPY:**

1. Provider must provide documentation showing stabilization of disease or absence of disease progression, AND absence of unacceptable toxicity from drug
2. Prescriber is a nephrologist or rheumatologist: □ Yes □ No

Reauthorization will be issued for one year.

Please complete form, including required attachments, and fax to Drug Prior Authorization Unit at 1-800-294-1350.

7/2021