

Diagnosis:

- Lupus Nephritis (LN)
 Rheumatoid Arthritis
 Severe active central nervous system lupus
 systemic lupus erythematosus (SLE)
 Other (please specify):

Clinical Information:

Will your patient be treated with any other biological therapies while taking the requested medication? Yes No

Is the requested medication being used concurrently with Lupkynis (voclosporin capsules)? Yes No

If LN

Does the patient have biopsy-confirmed lupus nephritis (WHO class III, IV, or V)? Yes No

Will your patient be treated concurrently (at the same time) with at least ONE standard therapy such as: azathioprine (generic for Imuran), mycophenolate mofetil (generic for CellCept), or cyclophosphamide (generic for Cytoxan or Neosar)? Yes No

(if no or unknown) Is your patient intolerant (due to significant toxicity, as determined by the prescribing physician) to at least ONE standard therapy such as: azathioprine (generic for Imuran), mycophenolate mofetil (generic for CellCept), or cyclophosphamide (generic for Cytoxan or Neosar)? Yes No

(if LN) Was this medication prescribed by, or in consultation with, a nephrologist or rheumatologist? Yes No

If SLE

Has the patient tested positive for Systemic Lupus Erythematosus (SLE) autoantibodies (defined as positive for antinuclear antibodies [ANA] and/or anti-double-stranded DNA [anti-dsDNA] antibody)? Yes No

Will your patient be treated concurrently (at the same time) with at least one of the following?

- A) hydroxychloroquine (Plaquenil);
 B) an immunosuppressant agent (like oral cyclophosphamide, azathioprine [generic Imuran], mycophenolate mofetil [generic CellCept, Myfortic], methotrexate [mtx], or cyclosporine [Sandimmune, Neoral]);
 C) corticosteroids (like methylprednisolone, prednisone)? Yes No

(if no) Is your patient intolerant (due to significant toxicity, as determined by the prescribing physician) to at least ONE of the following:

- A) hydroxychloroquine;
 B) immunosuppressant agents (for example, oral cyclophosphamide, azathioprine [Imuran], mycophenolate [CellCept, Myfortic], methotrexate [MTX], or cyclosporine [Sandimmune, Neoral]); or
 C) corticosteroids (for example, methylprednisolone, prednisone)? Yes No

(if SLE) Was this medication prescribed by or in consultation with a rheumatologist, clinical immunologist, nephrologist, neurologist, or dermatologist? Yes No

Additional pertinent information (including any clinical rationale for the use of this drug):

Attestation: I attest the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan or insurer its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported on this form.

Prescriber Signature: _____ **Date:** _____

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