



**GEORGIA MEDICAID FEE-FOR-SERVICE
IMMUNOMODULATORS, LUPUS PA SUMMARY**

Preferred	Non-Preferred
Benlysta subcutaneous (belimumab)* Lupkynis (voclosporin)* Tacrolimus immediate-release generic	n/a

*preferred but requires PA

LENGTH OF AUTHORIZATION: Initial: 6 months, Repeat: 1 year

NOTE: Benlysta and Lupkynis are preferred but require prior authorization.

PA CRITERIA:

Benlysta Subcutaneous

- ❖ Approvable for members 18 years of age or older with a diagnosis of active, autoantibody-positive systemic lupus erythematosus (SLE) confirmed by an anti-nuclear antibody (ANA) titer $\geq 1:80$ or an anti-double stranded DNA (anti-dsDNA) titer ≥ 30 IU/mL who are experiencing disease activity with standard treatment consisting of corticosteroid (e.g. prednisone, methylprednisolone, prednisolone), antimalarial (e.g. chloroquine, hydroxychloroquine) or immunosuppressive (e.g. azathioprine, oral cyclophosphamide, methotrexate, mycophenolate).
- ❖ Approvable for members 18 years of age or older with a diagnosis of active lupus nephritis who are experiencing disease activity with standard treatment consisting of corticosteroid (e.g. prednisone, methylprednisolone, prednisolone), antimalarial (e.g. chloroquine, hydroxychloroquine) or immunosuppressive (e.g. azathioprine, oral cyclophosphamide, methotrexate, mycophenolate).
- ❖ Must be prescribed by or in consultation with a nephrologist or rheumatologist.

Lupkynis

- ❖ Approvable for members 18 years of age or older with a diagnosis of active lupus nephritis (LN) with confirmed lupus by an anti-nuclear antibody (ANA) titer $\geq 1:80$ or an anti-double stranded DNA (anti-dsDNA) titer ≥ 30 IU/m who are experiencing disease activity with standard treatment consisting of corticosteroid (e.g. prednisone, methylprednisolone, prednisolone) and immunosuppressant (e.g. azathioprine, cyclophosphamide, hydroxychloroquine, mycophenolate).
- ❖ Must be prescribed by or in consultation with a nephrologist or rheumatologist.

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 Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.