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

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
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<tbody>
<tr>
<td>Tacrolimus immediate-release generic</td>
<td>Lupkynis (voclosporin)</td>
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LENGTH OF AUTHORIZATION: Initial: 6 months, Repeat: 1 year

PA CRITERIA:

*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 ≥1:80 or an anti-double stranded DNA (anti-dsDNA) titer ≥30 IU/mL who have a urine protein to creatinine ratio (UPCR) ≥1.5 mg/mg and are experiencing disease activity with standard treatment consisting of corticosteroid (e.g. prednisone, methylprednisolone, prednisolone) and immunosuppressant (e.g. azathioprine, cyclophosphamide, hydroxychloroquine, mycophenolate)

*AND*

- Members must have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with tacrolimus and Benlysta

*AND*

- 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](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](http://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](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on **Other Documents**, then select the most recent quarters QLL list.