



Neuromuscular Agents – Lupus Agents

Please provide the information below, please print your answer, attach supporting documentation, sign, date, and return to our office as soon as possible to expedite this request.

Please FAX responses to: (800) 869-7791. Phone: (855) 322-4082.

Apple Health Preferred Drug List: <https://www.hca.wa.gov/assets/billers-and-providers/apple-health-preferred-drug-list.xlsx>

Date of request:			
Patient	Date of birth	Molina ID	
Pharmacy name	Pharmacy NPI	Telephone number	Fax number
Prescriber	Prescriber NPI	Telephone number	Fax number
Medication and strength		Directions for use	Qty/Days supply

1. Is this a request for a continuation of therapy? Yes No
If yes, does patient have clinical documentation demonstrating disease stability or a positive clinical response from baseline measurements? Yes No
2. Indicate the patient's diagnosis:
 Lupus nephritis (active class III or IV, with or without class V) confirmed by renal biopsy
 Systemic Lupus Erythematosus (SLE) with laboratory results showing active disease and autoantibody-positive tests (e.g., anti-nuclear antibody [ANA] or anti-double stranded DNA [anti-dsDNA])
 Other. Specify: _____
3. Was this prescribed by, or in consultation with a rheumatologist or nephrologist?
 Yes No
4. Indicate patients baseline and/or current assessments for one of the following measurements:
Urinary protein to creatinine ratio
Baseline: _____ Date taken: _____
If a continuation, current: _____ Date taken: _____

Estimated Glomerular Filtration Rate (eGFR)
Baseline eGFR: _____ mL/min/m² Date taken: _____
If a continuation, current eGFR: _____ mL/min/m²
Date taken: _____

If none of the above, for Systemic Lupus Erythematosus (SLE), has a baseline assessment been conducted using one of the following functional assessment tools? (check all that apply)
 SLE Index Score (SIS)
 British Isles Lupus Assessment Group (BILAG)
 Systemic Lupus Activity Measure (SLAM)

- Systemic Lupus Erythematosus Disease Activity Score (SLEDAI)
- Physicians Global Assessment (PGA)
- Systemic Lupus International Collaborating Clinic (SLICC) Damage Index

5. Will patient continue any of the following therapies (check all that apply):

- Belimumab (if request is for voclosporin)
- Corticosteroid (i.e., prednisone, methylprednisolone). Specify: _____
- Immunosuppressant (i.e., mycophenolate, cyclophosphamide, azathioprine).

Specify _____

If request for Voclosporin (Lupkynis), confirm patient will not use in combination with tacrolimus cyclophosphamide? Yes No

- Hydroxychloroquine
- NSAIDs

For Voclosporin (Lupkynis):

6. Does the patient have a history of treatment with belimumab used for Lupus Nephritis that has been ineffective, not tolerated, or contraindicated?

- No
- Yes. Explain: _____

REQUIRED WITH THIS REQUEST

- **Chart notes**
- **Laboratory results showing active disease**
- **Functional assessments - baseline and current if applicable**

Prescriber signature	Prescriber specialty	Date
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