

Getting Patients Started on LUPKYNIS™ (voclosporin)

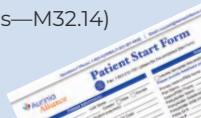


START

Fill out page 1 of the Start Form

Remember:

- Patient consent/signature
- Patient demographic information
- Complete the diagnosis code (eg, lupus nephritis—M32.14)
- HCP signature



SUBMIT

Fax the Start Form

- Include insurance cards and clinical records for prior authorization (PA) process



CONNECT WITH ACCESS SUPPORT

- 1 Aurinia Alliance™ conducts benefits investigation to determine coverage and if PA is required
- 2 Specialty Pharmacy (SP) is assigned
- 3 PA is submitted to payer
 - CoverMyMeds® is available for electronic submission

SUPPORT THROUGH AURINIA ALLIANCE

- 1 Your Field Access Navigator (FAN) is available for ongoing practice support
- 2 Patients are connected to a Nurse Case Manager who can help them start and support them while they are taking LUPKYNIS
- 3 Resources can be accessed at LUPKYNISpro.com/resources

Questions?

Call **1-833-AURINIA (1-833-287-4642)**
8AM to 8PM ET, fax to **1-833-213-1001**,
or email support@AuriniaAlliance.com

Get started at LUPKYNISpro.com/starting-patients

Please see [Prescribing Information](#) including Boxed Warning and Medication Guide for LUPKYNIS.



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