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| Division: Pharmacy Policy  | Subject: Prior Authorization Criteria |
| Original Development Date:<br>Original Effective Date:<br>Revision Date: | June 9, 2021                          |

## **LUPKYNIS™ (voclosporin)**

**LENGTH OF AUTHORIZATION:** Initial therapy: 6 months  
Continuation of therapy: 1 year

**REVIEW CRITERIA:**

- Patient must be  $\geq 18$  years of age.
- Must be prescribed by, or in consultation with, a rheumatologist or nephrologist.
- Patient must have a diagnosis of active lupus nephritis (LN).
- Documentation of baseline blood pressure  $< 165/105$ .
- Documentation of baseline glomerular filtration rate.
- Must be used in combination with mycophenolate mofetil (MMF) and a systemic corticosteroid. If patient is not a candidate, contraindications, intolerance and/or clinically significant adverse events must be documented.
- Will not be used with cyclophosphamide.
- Patient has not been vaccinated with a live vaccine in the last 30 days.

**CONTINUATION OF THERAPY:**

- Documentation of positive patient response.
- Documentation of glomerular filtration rate within 4 weeks.
- Documentation of blood pressure monitoring
- Patient is continuing use in combination with mycophenolate mofetil (MMF) and a systemic corticosteroid. If patient is not a candidate, contraindications, intolerance and/or clinically significant adverse events must be documented.

**DOSING AND ADMINISTRATION:**

- Dosage form: 7.9mg capsules
- Recommended starting dose: 23.7mg by mouth every 12 hours