

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

LUPKYNIS™ (voclosporin)

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

REVIEW CRITERIA:

- Patient must be ≥ 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