

POLICY NAME	Lupkynis (voclosporin)	POLICY #	2831P
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Criteria

Coverage Criteria for the Treatment of Lupus Nephritis

- ☐ Documented diagnosis of active lupus nephritis with an eGFR > 45mL/min/1.73 m²
- ☐ Age 18 years or older
- ☐ Ordered by or in consultation with a nephrologist (kidney doctor), rheumatologist (musculoskeletal doctor), or immunologist (immune system doctor)
- ☐ Documented trial of glucocorticoids (such as prednisone) with mycophenolate mofetil (MMF) or cyclophosphamide for at least 3 months

Exclusion Criteria – Any of the following prevents coverage

- ☐ Patient with an eGFR ≤ 45mL/min/1.73 m²
- ☐ Patient with severe liver dysfunction
- ☐ Concurrent use of strong CYP3A4 inhibitors (e.g., ketoconazole, itraconazole, clarithromycin)
- ☐ Lupkynis will not be covered in combination with Saphnelo or Benlysta