

<b>POLICY NAME</b>	Lupkynis (voclosporin)	<b>POLICY #</b>	2831P
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## Criteria

### Coverage Criteria for the Treatment of Lupus Nephritis

- ☐ 1.1 Documented diagnosis of active lupus nephritis with an eGFR > 45mL/min/1.73 m<sup>2</sup>
- ☐ 1.2 Age 18 years or older
- ☐ 1.3 Ordered by or in consultation with a nephrologist (kidney doctor), rheumatologist (musculoskeletal doctor), or immunologist (immune system doctor)
- ☐ 1.4 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

- ☐ 2.1 Patient with an eGFR ≤ 45mL/min/1.73 m<sup>2</sup>
- ☐ 2.2 Patient with severe liver dysfunction
- ☐ 2.3 Concurrent use of strong CYP3A4 inhibitors (e.g., ketoconazole, itraconazole, clarithromycin)
- ☐ 2.4 Lupkynis will not be covered in combination with Saphnelo or Benlysta