Pharmacy Policy Bulletin: J-1077 Lupkynis (voclosporin) – Commercial and Healthcare Reform	
Number: J-1077	**Category:** Prior Authorization
Line(s) of Business: ☒ Commercial ☒ Healthcare Reform ☐ Medicare	**Benefit(s):** **Commercial:** **Prior Authorization (1.):** **1.** Miscellaneous Specialty Drugs Oral = Yes w/ Prior Authorization **Healthcare Reform:** Not Applicable
Region(s): ☒ All ☐ Delaware ☐ New York ☐ Pennsylvania ☐ West Virginia	**Additional Restriction(s):** None
Version: J-1077-008	**Original Date:** 04/07/2021
Effective Date: 04/24/2025	**Review Date:** 01/29/2025

Drugs Product(s):	• Lupkynis (voclosporin)
FDA-Approved Indication(s):	• Treatment of adult patients with active lupus nephritis (LN) in combination with a background immunosuppressive therapy regimen

Background:	• Lupkynis is a calcineurin-inhibitor (CNI) immunosuppressant that inhibits expression of pro-inflammatory signaling molecule interleukin-2 (IL-2) involved in regulating white blood cell activity and stabilizing kidney cells that may be damaged in LN. • Systemic lupus erythematosus (SLE) is a chronic systemic autoimmune connective tissue disease characterized by widespread inflammation and organ injury. There are a variety of clinical manifestations, some of which may lead to life-threatening complications. Diagnosis is typically made by identifying organ involvement and elevated biomarkers such as anti-nuclear antibody (ANA) ≥ 1:80, anti-double stranded DNA antibody (anti-dsDNA) ≥ 30 IU/mL, antiphospholipid antibodies, C3 and C4 complement levels, erythrocyte sedimentation rate (ESR), and C-reactive protein (CRP). • LN is a subset of SLE and can occur in approximately 50% of SLE patients. LN is the most common severe manifestation of SLE and a major cause of illness and death. Approximately 10 to 30% of patients with LN will progress to end stage renal disease (ESRD). The diagnosis and classification of LN is determined by a kidney biopsy which generally guides the patient's treatment. LN can be suspected in patients with SLE with increased or persistent proteinuria (specifically > 0.5 g per day), presence of cellular casts in urine, or decrease in estimated glomerular filtration rate (eGFR). • The 2024 Kidney Disease Improving Global Outcomes (KDIGO) guidelines for LN recommend hydroxychloroquine or an equivalent antimalarial unless contraindicated. First-line initial therapy for patients with Class III or IV disease

	includes glucocorticoids plus any one (1) of the following: mycophenolic acid analogs (MPAA); low-dose intravenous (IV) cyclophosphamide; belimumab and either MPAA or low-dose IV cyclophosphamide; or MPAA and a CNI when kidney function is not severely impaired. After completion of initial therapy, patients should be placed on MPAA for maintenance (azathioprine is an alternative). In Class V disease, hydroxychloroquine and renin-angiotensin system blockage and blood pressure control is recommended. For Class V low-level proteinuria, immunosuppressive treatment is recommended guided by extrarenal manifestations of SLE. For Class V nephrotic-range proteinuria, combined immunosuppressive treatment with glucocorticoid + one other agent (for example, MPAA, cyclophosphamide, CNI, rituximab, azathioprine). • Prior authorization is utilized to ensure appropriate use in adult patients with LN in combination with background immunosuppressive therapy. Lupkynis does not have established safety and efficacy in SLE without LN. If therapeutic benefit is not experienced by week 24, consider discontinuation of Lupkynis. • When ANA levels are reported, the result is based upon the lowest ratio at which the ANA can still be detected after serial dilution. First, 1 part blood is mixed with 40 parts saline to create a 1:40 dilution. The dilution is then further reduced to strengths of 1:80, 1:160, 1:320, and 1:640. • Anti-dsDNA is an ANA that targets DNA. The anti-dsDNA test identifies the presence of these autoantibodies in the blood. In the evaluation of a member with lupus nephritis, a high anti-dsDNA titer is generally associated with ongoing inflammation and damage to the kidneys. • Therapeutic response may include improvement in organ dysfunction, reduction in flares, reduction in corticosteroid dose, decrease of anti-dsDNA titer, and improvement in complement levels (specifically, C3, C4). • Prescribing Considerations: ○ Lupkynis has a black box warning for increased risk for developing serious infections and malignancies that may lead to hospitalization or death. ○ Safety and efficacy of Lupkynis have not been established in combination with cyclophosphamide. ○ Lupkynis is not recommended in patients with a baseline eGFR ≤ 45 ml/min/1.73m^2 and should not be initiated in patients with a baseline blood pressure > 165/105 mmHg or with hypertensive emergency. Renal dose modification is recommended in eGFR < 60 ml/min/1.73m^2. ○ Lupkynis is to be used in combination with mycophenolate mofetil and corticosteroids. ○ Lupkynis is contraindicated in patients concomitantly using strong CYP3A4 inhibitors (for example ketoconazole, itraconazole, clarithromycin)

Approval Criteria

I. Initial Authorization

When a benefit, coverage of Lupkynis may be approved when all of the following criteria are met **(A. through D.)**:

A. The member is 18 years of age or older.

B. The member has a diagnosis of lupus nephritis (ICD-10: M32.14), classified as active disease.

C. The member meets one (1) of the following criteria **(1. or 2.)**:

1. The diagnosis is confirmed by a renal biopsy.

2. The member has a contraindication to renal biopsy and meets the following criterion **(a.)**:

a. The member has laboratory findings specific to LN (for example, elevated serum creatinine, abnormal urine analysis (proteinuria ≥ 500 mg/day, hypoalbuminemia, hematuria, casts), decreased estimated glomerular filtration rate [eGFR]).

D. The member will receive background immunosuppressive therapy with all of the following **(1. and 2.)**:
- **1.** Corticosteroid (for example, prednisone, methylprednisolone)
- **2.** Mycophenolic acid analog (MPAA) (for example, mycophenolate mofetil)

II. Reauthorization

When a benefit, reauthorization of Lupkynis may be approved when all of the following criteria are met **(A. and B.)**:

A. The prescriber attests the member demonstrates therapeutic response defined as one (1) of the following **(1. or 2.)**:
- **1.** Disease stability
- **2.** Disease improvement

B. The member will receive background immunosuppressive therapy with all of the following **(1. and 2.)**:
- **1.** Corticosteroid (for example, prednisone, methylprednisolone)
- **2.** One (1) of the following agents **(a. or b.)**:
  - **a.** Mycophenolic acid analog (MPAA) (for example, mycophenolate mofetil)
  - **b.** Azathioprine

III. An exception to some or all of the criteria above may be granted for select members and/or circumstances based on state and/or federal regulations.

Limitations of Coverage

I. Coverage of drug(s) addressed in this policy for disease states outside of the FDA-approved indications should be denied based on the lack of clinical data to support effectiveness and safety in other conditions unless otherwise noted in the approval criteria.

II. For Commercial or HCR members with a closed formulary, a non-formulary product will only be approved if the member meets the criteria for a formulary exception in addition to the criteria outlined within this policy.

Authorization Duration

Initial Authorization

- Commercial and HCR Plans: If approved, up to a 24 week authorization may be granted.

Reauthorization

- Commercial and HCR Plans: If approved, up to a 12 month authorization may be granted.

Automatic Approval Criteria

None.

References:

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6. FiercePharma. Aurinia snags FDA approval for lupus nephritis med Lupkynis, its first drug launch. Available at: https://www.fiercepharma.com/pharma/aurinia-snags-fda-approval-for-lupus-nephritis-med-lupkynis-its-first-drug-launch. Accessed February 13, 2024.
7. BioSpace. Aurinia makes history as FDA approves first oral drug for lupus nephritis. Available at: https://www.biospace.com/article/aurinia-pharmaceuticals-snags-fda-approval-for-first-oral-ln-treatment/. Accessed February 13, 2024.
8. Kidney Disease: Improving Global Outcomes (KDIGO) Lupus Nephritis Work Group. KDIGO 2024 Clinical Practice Guideline for the management of LUPUS NEPHRITIS. *Kidney Int*. 2024 Jan;105(1S):S1-S69.