

**LUPKYNIS
(voclosporin)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Lupus nephritis

AND ALL of the following:

1. Must have active lupus nephritis
2. Must be receiving background immunosuppressive therapy (e.g. mycophenolate mofetil and corticosteroids) but **NOT** cyclophosphamide
3. Prescriber agrees to monitor eGFR and blood pressure
4. Prescriber agrees to monitor for serious infections and malignancies
5. **NOT** given concurrently with live vaccines

Prior - Approval Limits

Quantity 540 capsules per 90 days

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Lupus nephritis

AND ALL of the following:

1. Documented clinical benefit from therapy (e.g. increase or stabilization in eGFR and no renal worsening due to disease state or treatment)



**BlueCross
BlueShield**

Federal Employee Program.

LUPKYNIS (voclosporin)

2. Prescriber has determined the benefits outweigh the risks of continued treatment with Lupkynis
3. Must be receiving background immunosuppressive therapy (e.g. mycophenolate mofetil and corticosteroids) but **NOT** cyclophosphamide
4. Prescriber agrees to monitor eGFR and blood pressure
5. Prescriber agrees to monitor for serious infections and malignancies
6. **NOT** given concurrently with live vaccines

Prior - Approval *Renewal* Limits

Same as above