Reference number(s)
7572-D

This document applies to the following:

Formulary	Applies
Standard Control (SF)	☐
Standard Control Choice (SCCF)	☐
Preferred Drug Plan Design (PDPD)	☐
Advanced Control Specialty (ACSF)	☑
Advanced Control Specialty Choice (ACSCF)	☐
Managed Medicaid Template (MMT)	☐
Marketplace (MF)	☐
Aetna Small Group Affordable Care Act (SG ACA) Aetna Health Exchange (AHE)	☐
Value (VF)	☐

Formulary	Applies
New to Market (NTM)	☐
Standard Formulary Chart (SFC)	☐
Basic Control Chart Preferred Drug Plan Design (BCC PDPD)	☐
Advanced Control Specialty Formulary Chart (ACSFC)	☐
Value Formulary Chart (VFC)	☐
Medical Benefit	☐
Medical Benefit: Advanced Biosimilars First	☐
Combined Benefit Management (CBM)	☐
Combined Benefit Management Pharmacy (CBMP)	☐
Medical Benefit Managed Medicaid (MMMB)	☐

Exceptions Criteria
Lupus Nephritis (LN)

This document informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

These criteria were developed to align with the following: Advanced Control Specialty Formulary (ACSF).

Plan Design Summary

This program applies to the lupus nephritis (LN) products specified in this document. Coverage for the targeted product is provided based on clinical circumstances that would exclude the use of the preferred product and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program also applies to all members requesting treatment with the targeted product.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Lupus Nephritis (LN) Products

Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

	Product(s)
Preferred	• Benlysta (belimumab)

	Product(s)
Target	• Lupkynis (voclosporin)

Exception Criteria

This program applies to members requesting treatment for an indication that is FDA-approved for the preferred product.

Lupus Nephritis (LN)

Coverage for the targeted product is provided when either of the following criteria is met:

- Member has a documented inadequate response (e.g., no improvement in signs and symptoms of the condition) or intolerable adverse event with the preferred product.
- Member meets any one of the following:
  - Member has documented pure class V LN.
  - Member has documented class III or IV LN with or without class V and proteinuria (e.g., greater than or equal to 3 grams per gram [g/g]).
  - Member has documented class III or IV LN refractory disease (i.e., failed two standard therapy courses).

References

1. Benlysta [package insert]. Philadelphia, PA: GlaxoSmithKline LLC; July 2025.
2. Lupkynis [package insert]. Rockville, MD: Aurinia Pharma U.S., Inc.; October 2025.