PRIOR AUTHORIZATION POLICY

POLICY: Lupus – Lupkynis Prior Authorization Policy
- Lupkynis™ (voclosporin capsules – Aurinia)

REVIEW DATE: 02/09/2022

OVERVIEW

Lupkynis, a calcineurin inhibitor immunosuppressant, is indicated in active **lupus nephritis**, for the treatment of adults in combination with a background immunosuppressive therapy regimen.[1]

Safety and efficacy have not been established in combination with cyclophosphamide, and this combination is not recommended. The recommended starting dose is 23.7 mg twice daily taken on an empty stomach, used in combination with mycophenolate mofetil and corticosteroids. Dose modifications are required based on estimated glomerular filtration rate (eGFR). Lupkynis is not recommended if baseline eGFR is ≤ 45 mL/min/1.73 m^2 unless the benefit exceeds the risk. If therapeutic benefit is not apparent by Week 24, consider discontinuation of Lupkynis.

Guidelines

Guidelines for lupus nephritis from the European League Against Rheumatism-European Renal Association-European Dialysis and Transplant Association (2019) recommend treatment based on disease classification.[2] Patient survival, long-term preservation of kidney function, and prevention of organ damage are among the goals of treatment. First-line initial therapy for patients with Class III or IV disease (± Class V) includes mycophenolate mofetil or intravenous cyclophosphamide, in combination with glucocorticoids. In pure Class V disease, the first-line choice is mycophenolate mofetil + glucocorticoids. Following a response to initial therapy, mycophenolate mofetil or azathioprine (± low-dose glucocorticoids) are the drugs of choice for subsequent immunosuppressive treatment. Mycophenolate mofetil in combination with a calcineurin inhibitor (especially tacrolimus) is among the alternative therapies for those with nephrotic-range proteinuria or for Class V nephritis. Guidelines from KDIGO (Kidney Disease: Improving Global Outcomes) [2021] mention Lupkynis as a novel calcineurin inhibitor; however, a recommendation as to its place in therapy is not listed.[3] With approval of Lupkynis, multi-targeted therapy (e.g., glucocorticoid + mycophenolate mofetil + a calcineurin inhibitor) will be reassessed for a recommendation from KDIGO.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Lupkynis. Because of the specialized skills required for evaluation and diagnosis of patients treated with Lupkynis as well as the monitoring required for adverse events and long-term efficacy, approval requires Lupkynis to be prescribed by or in consultation with a physician who specializes in the condition being treated. Approvals are authorized for the duration noted below.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Lupkynis is recommended in those who meet the following criteria:

FDA-Approved Indication

1. **Lupus Nephritis.** Approve for the duration noted if the patient meets ONE of the following (A or B):
   - **A)** Initial Therapy. Approve for 6 months if the patient meets ALL of the following conditions (i, ii, iii, iv, and v):
     - **i.** Patient is ≥ 18 years of age; AND
     - **ii.** Patient has autoantibody-positive systemic lupus erythematosus (SLE), defined as positive for antinuclear antibodies (ANA) and/or anti-double-stranded DNA (anti-dsDNA) antibody; AND
     - **iii.** Patient meets ONE of the following (a or b):
       - **a)** The medication is being used concurrently with mycophenolate mofetil and a systemic corticosteroid; OR
       - **b)** According to the prescriber, patient is not a candidate for mycophenolate mofetil and a systemic corticosteroid due to inadequate efficacy OR significant intolerance with these medications; AND
     - **iv.** Patient has an estimated glomerular filtration rate (eGFR) > 45 mL/min/m^2; AND
     - **v.** The medication is prescribed by or in consultation with a nephrologist or rheumatologist.
   - **B)** Patient is Currently Receiving Lupkynis. Approve for 1 year if the patient meets ALL of the following criteria (i, ii, iii, and iv):
     - **i.** Patient is ≥ 18 years of age; AND
     - **ii.** Patient meets ONE of the following (a or b):
       - **a)** The medication is being used concurrently with mycophenolate mofetil and a systemic corticosteroid; OR
       - **b)** According to the prescriber, patient is not a candidate for mycophenolate mofetil and a systemic corticosteroid due to inadequate efficacy OR significant intolerance with these medications; AND
     - **iii.** The medication is prescribed by or in consultation with a nephrologist or rheumatologist; AND
     - **iv.** Patient has responded to Lupkynis, as determined by the prescriber.
       Note: Examples of a response include improvement in organ dysfunction, reduction in flares, reduction in corticosteroid dose, decrease of anti-dsDNA titer, and improvement in complement levels (i.e., C3, C4).

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Lupkynis is not recommended in the following situations:

1. **Concurrent Use with Biologics or with Cyclophosphamide.** Lupkynis has not been studied in combination with other biologics or cyclophosphamide.[1] Safety and efficacy have not been established with these combinations. See APPENDIX for examples of biologics that should not be taken in combination with Lupkynis.

2. **Plaque Psoriasis.** In a Phase III trial, voclosporin was inferior to cyclosporine, which is an established therapy for plaque psoriasis.[4] Numerous other FDA-approved therapies are available with established efficacy for plaque psoriasis.

3. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Lupkynis™ capsules [prescribing information]. Rockville, MD: Aurinia; January 2021.
2. Franouriakis A, Kostopoulou M, Cheema K, et al. 2019 Update of the Joint European League against Rheumatism and European Renal Association-European Dialysis and Transplant Association (EULAR/ERA-EDTA) recommendations for the management of lupus nephritis. *Ann Rheum Dis*. 2020;79(6):713-723.
3. Rovin BH, Adler SG, Barratt J, et al. Executive summary of the KDIGO 2021 guideline for the management of glomerular diseases. *Kidney Int*. 2021;100(4):753-779.
4. Li Y, Palmisano M, Sun D, Zhou Sl. Pharmacokinetic disposition difference between cyclosporine and voclosporin drives their distinct efficacy and safety profiles in clinical studies. *Clin Pharmacol*. 2020;12:83-96.

Type of Revision	Summary of Changes	Review Date
New Policy	--	01/27/2021
Annual Revision	No criteria changes.	02/09/2022

APPENDIX

* Not an all-inclusive list of indication (e.g., oncology indications and rare inflammatory conditions are not listed). Refer to the prescribing information for the respective agent for FDA-approved indications; SC – Subcutaneous; IV – Intravenous; BLyS – B-lymphocyte stimulator-specific inhibitor; SLE – Systemic lupus erythematosus; IFN – Interferon; TNF – Tumor necrosis factor; AS – Ankylosing spondylitis; CD – Crohn's disease; JIA – Juvenile idiopathic arthritis; PsO – Plaque psoriasis; PsA – Psoriatic arthritis; RA – Rheumatoid arthritis; UC – Ulcerative colitis; nr-axSpA – Non-radiographic axial spondyloarthritis; PJIA – Polyarticular juvenile idiopathic arthritis; IL – Interleukin; SJIA – Systemic juvenile idiopathic arthritis; ^ Off-label use of Kineret in JIA supported in guidelines; ERA – Enthesitis-related arthritis.