Lupus Prior Authorization with Quantity Limit Program Summary

This program applies to FlexRx Closed, FlexRx Open, FocusRx, GenRx Closed, GenRx Open, Health Insurance Marketplace, and KeyRx formularies.

This is a FlexRx and GenRx standard prior authorization program.

The BCBS MN Step Therapy Supplement also applies to this program for all Commercial/HIM lines of business.

POLICY REVIEW CYCLE

Effective Date	Date of Origin
04-01-2024	07-01-2021

FDA APPROVED INDICATIONS AND DOSAGE

Agent(s)	FDA Indication(s)	Notes	Ref#
Benlysta® (belimumab) Subcutaneous solution Injection powder	Treatment of patients 5 years and older with systemic lupus erythematosus (SLE) who are receiving standard therapy Treatment of patients 5 years and older with active lupus nephritis (LN) who are receiving standard therapy Limitations of use: Efficacy has not been evaluated in patients with severe active central nervous system lupus. Use of Benlysta is not recommended in this situation		1
Lupkynis® (voclosporin) Capsule	In combination with a background immunosuppressive therapy regimen for the treatment of adult patients with active lupus nephritis Limitations of use: Safety and efficacy of Lupkynis have not been established in combination with cyclophosphamide. Use is not recommended in this situation.		9

See package insert for FDA prescribing information: https://dailymed.nlm.nih.gov/dailymed/index.cfm

CLINICAL RATIONALE

Systemic Lupus Erythematosus (SLE)	Systemic Lupus Erythematosus (SLE) is a chronic inflammatory autoimmune disease of unknown cause. It has a broad range of clinical and serological manifestations and can affect many organs. Clinical symptoms of SLE include fatigue, fever, arthralgia, myalgia, changes in weight, skin and mucus membrane lesions and ulcers, and vascular disease. SLE can also include cardiac, renal, pulmonary, and neurologic involvement. Due to its multisystem involvement and likelihood of changes in presentation, the diagnosis of SLE may be difficult.(2) The American College of Rheumatology (ACR) recommends referral to a rheumatologist and/or another appropriate specialist to establish the diagnosis of SLE; assess activity and severity level; and management of the disease.(3) The 2019 update of the EULAR recommendations for the management of SLE recommend the following(5):

	• Hydroxychloroquine is recommended for all patients with SLE, unless contraindicated, at a max dose of 5 mg/kg/real body weight (BW) • Glucocorticoids may be used for rapid symptoms relief, but long-term goals should be to minimize daily glucocorticoid dose to less than or equal to 7.5 mg/day prednisone equivalent or discontinue • Immunosuppressive therapies should be initiated in patients that are not responding to hydroxychloroquine (alone or in combination with glucocorticoids) OR in patients that are unable to reduce the glucocorticoid dose to the recommended maintenance dose • Immunosuppressive therapies include methotrexate, azathioprine, or mycophenolate • Cyclophosphamide can be used for severe organ or life threatening SLE as well as rescue therapy for those patients that do not respond to other immunosuppressive agents • Add on treatment with belimumab should be considered in patients with inadequate response to standard of care therapy (combinations of hydroxychloroquine and glucocorticoids with or without immunosuppressive agents), defined as residual disease activity not allowing tapering of glucocorticoids and/or frequent relapses • Rituximab may be considered in organ-threatening refractory disease or in those with intolerance/contraindication to standard immunosuppressive agents HHS notes that the same management strategies apply to children and adolescents with SLE.(4)
Lupus Nephritis	Lupus nephritis (LN) is a common cause of kidney injury and failure in patients with SLE. Roughly 50% of patients with SLE will develop LN at some point in their SLE disease course and between 10% to 30% of those patients will progress to kidney failure requiring kidney transplant. Mortality in patients with LN is significantly higher than those that do not develop LN, with death occurring in 5% to 25% of patients with proliferative LN. LN typically develops early in SLE disease course and can often be present at initial diagnosis of SLE. LN results due to an accumulation of immune complex in the glomeruli. Intrarenal inflammation occurs leading to permanent damage to the kidney.(6) Diagnosis of LN can be challenging, especially if the patient has not been initially diagnosed with SLE. Serum creatinine levels, urine dipstick testing, and urine sediment are necessary tools for LN evaluation. Proteinuria in patients with SLE is suggestive of a diagnosis of LN.(5) The American College of Rheumatology (ACR) indicates that all patients with clinical evidence of LN should undergo a renal biopsy to determine disease classification and confirm diagnosis of LN. The ACR also indicates that treatment should be based off of the International Society of Nephrology/Renal Pathology Society (ISN/RPS) LN classification. The ISN/RPS breaks down LN into the following 6 classes (8): • Class I: minimal mesangial lupus nephritis • Class II: mesangial proliferative lupus nephritis • Class III: focal lupus nephritis • Class IV: diffuse lupus nephritis • Class V: membranous lupus nephritis • Class VI: advanced sclerotic lupus nephritis Kidney Disease Improving Global Outcomes (KDIGO) 2023 draft guidelines recommend the following for lupus nephritis Class III or IV initial treatment:(10) • Patients with active Class III or IV LN with or without a membranous component should be treated initially with glucocorticoids plus one of the following: o Mycophenolic acid analogues (MPPA) o Low-dose intravenous cyclophosphamide

	○ Belimumab and either MPPA or low-dose intravenous cyclophosphamide ○ MPPA and a calcineurin inhibitor (CNI) when kidney function is not severely impaired (for example estimated glomerular filtration rate [eGFR] 45 ml/min per 1.73 m^2)
Efficacy	**Benlysta SLE trials(1)** The safety and efficacy of belimumab was evaluated in two randomized, double-blind, placebo-controlled, phase III studies involving patients age 18 and older with SLE (BLISS-52 and BLISS-76 study). The design of these studies was based on the results of a phase II study which identified that patients who were autoantibody-positive had a better response to belimumab. As a result, BLISS-52 and BLISS-76 limited the study population to only include autoantibody-positive SLE patients. Patients were on a standard of care SLE treatment regimen comprising of at least one of the following: corticosteroids, antimalarials, nonsteroidal anti-inflammatory drugs (NSAIDS), and/or immunosuppressives (azathioprine, methotrexate, or mycophenolate). Patients with severe active lupus nephritis and severe central nervous system (CNS) lupus were excluded. Patients using other biologics including B-cell targeted therapies such as rituximab or intravenous cyclophosphamide in the previous six months were also excluded. BLISS-52 (N=865) and BLISS-76 (N=826) had similar designs with the exception of duration. BLISS-76 was 76 weeks in duration and BLISS-52 was 52 weeks in length. Eligible patients had active SLE disease which was defined as a Safety of Estrogen in Lupus Erythematosus National Assessment-SLE Disease Activity Index (SELENA-SLEDAI) score greater than or equal to 6. Patients were randomly assigned to receive belimumab 1 mg/kg, 10 mg/kg, or placebo in addition to standard of care. The study medication was administered on Days 0, 14, 28, and then every 28 days for 48 weeks in BLISS-52 and 72 weeks in BLISS-76. In both BLISS-52 and BLISS-76, the proportion of SLE patients achieving a SLE Responder Index-4 (SRI-4) response was significantly higher in the belimumab 10 mg/kg group than placebo while the effect on SRI-4 was not consistently significantly different for the belimumab 1 mg/kg group. The safety and efficacy of Benlysta in pediatric patients was evaluated in an international, randomized, double-blind, placebo-controlled, 52-week study conducted in 93 patients with a clinical diagnosis of SLE according to the ACR classification criteria. Patients had a SELENA-SLEDAI score greater than or equal to 6 and positive autoantibodies at screening. Patients were on stable SLE treatment regimen and had similar inclusion and exclusion criteria as in the adult studies. The primary endpoint was the same as the adult trials, and there was a numerically higher proportion of pediatric patients achieving a response in SRI-4 and its components in patients receiving Benlysta plus standard therapy compared with placebo plus standard therapy (53% vs 44%, odds ratio 1.49 [CI 0.64, 3.46]). **Benlysta LN clinical trials(1)** The safety and efficacy of Benlysta in patients with lupus nephritis was evaluated in a 104 week, randomized, double-blind, placebo controlled trial that included 448 patients with active proliferative and/or membranous lupus nephritis. Patients had to be at least 18 years of age and ANA positive SLE that fulfilled the ACR classification criteria. Patients were required to have a urine protein to creatinine ratio of 1 or more and biopsy-proven lupus nephritis ISN/RPS class III, IV, or V. Induction therapy had to be initiated within 60 days before randomization and therapies had to include either induction with glucocorticoids in combination with MMF or IV cyclophosphamide, followed by MMF or AZA for maintenance therapy. The primary efficacy endpoint was Primary Efficacy Renal Response (PERR) at week 104, defined as a response at Week 100 confirmed by a repeat measurement at week

104 of the following parameters: urine protein:creatinine ratio (uPCR) less than or equal to 0.7 g/g and estimated glomerular filtration rate (eGFR) greater than or equal to 60 mL/min/1.73 m2 or no decrease in eGFR of greater than 20% from pre-flare value.

The major secondary endpoints included Complete Renal Response (CRR) (defined as a response at week 100 confirmed by a repeat measurement at week 104 of the following parameters: uPCR less than 0.5 g/g and eGFR greater than or equal to 90 mL/min/1.73 m2 or no decrease in eGFR of greater than 10% from pre-flare value); PERR at week 52; and time to renal-related event or death (renal-related event defined as first event of end-stage renal disease, doubling of serum creatinine, renal worsening [defined by quantified increase in proteinuria and/or impaired renal function], or receipt of renal disease-related prohibited therapy due to inadequate lupus nephritis control or renal flare management).

The proportion of patients achieving PERR at Week 104 was significantly higher in patients receiving Benlysta plus standard therapy compared with placebo plus standard therapy (43% vs 32%, p=0.031). The subgroup analysis of PERR and CRR by biopsy class indicated the odds ratios for patients with class 5 without combined class III or class IV favored placebo plus standard therapy over Benlysta plus standard therapy. The odds ratio for all other classes or combinations favored Benlysta plus standard therapy. Most of the secondary endpoint were statistically significant (CRR at week 100 p=0.017 [30% vs 20% Benlysta vs placebo], PERR at week 52 p=0.025 [47% vs 35% Benlysta vs placebo]). The table below shows the time to renal related event or death.

End point	Placebo + standard therapy (n=223) No. (%)	Benlysta + standard therapy (n=223) No. (%)
Any Event	63 (28%)	35 (16%)
Death from any cause	2	1
Progression to ESRD	1	0
Doubling of creatinine level from baseline	1	1
Increased proteinuria, impaired kidney function, or both	39	17
Treatment failure related to kidney event	20	16

Lupkynis LN trial(9)

The safety and efficacy of Lupkynis were investigated in a 52-week, randomized, double-blind, placebo-controlled trial in patients with a diagnosis of systemic lupus erythematosus and with International Society of Nephrology/Renal Pathology Society (ISN/RPS) biopsy-proven active Class III or IV LN (alone or in combination with Class V LN) or Class V LN. A total of 357 patients with LN were randomized in a 1:1 ratio to receive either Lupkynis 23.7 mg twice daily or placebo. Patients in both arms received background treatment with MMF and corticosteroids.

The primary efficacy endpoint was the proportion of patients achieving complete renal response at week 52. In order to be considered a responder, the patient must not have received more than 10 mg prednisone for greater than or equal to 3 consecutive days or for greater than or equal to 7 days in total during weeks 44 through 52. Patients who received rescue medication or withdrew from the study were considered non-responders. A higher proportion of patients in the Lupkynis arm than the placebo arm achieved complete renal response at week 52 (Lupkynis 40.8% vs placebo 22.5%, p less than 0.001).

	A higher proportion of patients in the Lupkynis arm than the placebo arm achieved complete renal response at week 24 (32.4% vs. 19.7%; odds ratio: 2.2; 95% CI: 1.3, 3.7). Time to UPCR of less than or equal to 0.5 mg/mg was shorter in the Lupkynis arm than the placebo arm (median time of 169 days vs. 372 days; hazard ratio: 2.0; 95% CI: 1.5, 2.7).
Safety	Benlysta is contraindicated in patients that have experienced anaphylaxis with belimumab.(1) Lupkynis is contraindicated in the following:(9) • Patients concomitantly using strong CYP3A4 inhibitors (e.g., ketoconazole, itraconazole, clarithromycin) because these medications can significantly increase exposure to Lupkynis which may increase the risk of acute and/or chronic nephrotoxicity • Patients who have a known serious or severe hypersensitivity reaction to Lupkynis or any of its excipients

REFERENCES

Number	Reference
1	Benlysta Prescribing Information. GlaxoSmithKline LLC. February 2023.
2	Lam NC, Ghetu MV, Bieniek ML. Systemic lupus erythematosus: primary care approach to diagnosis and management. Am Fam Physician. 2016;94(4):284–294.
3	Guidelines for referral and management of systemic lupus erythematosus in adults. American College of Rheumatology Ad Hoc Committee on Systemic Lupus Erythematosus Guidelines. Arthritis Rheum. 1999; 42(9):1785–1796.
4	Levy, D. M., & Kamphuis, S. (2012). Systemic lupus erythematosus in children and adolescents. *Pediatric clinics of North America*, *59*(2), 345–364. doi:10.1016/j.pcl.2012.03.007.
5	Fanouriakis A, Kostopoulou M, Alunno A, et al. 2019 update of the EULAR recommendations for the management of systemic lupus erythematosus. Annals of the Rheumatic Diseases 2019;78:736-745.
6	Parikh SV, Almaani S, Brodsky S, Rovin BH. Update on Lupus Nephritis: Core Curriculum 2020. Am J Kidney Dis 2020; 76:265.
7	Hahn BH, McMahon MA, Wilkinson A, Wallace WD, Daikh DI, Fitzgerald JD, Karpouzas GA, Merrill JT, Wallace DJ, Yazdany J, Ramsey-Goldman R, Singh K, Khalighi M, Choi SI, Gogia M, Kafaja S, Kamgar M, Lau C, Martin WJ, Parikh S, Peng J, Rastogi A, Chen W, Grossman JM; American College of Rheumatology. American College of Rheumatology guidelines for screening, treatment, and management of lupus nephritis. Arthritis Care Res (Hoboken). 2012 Jun;64(6):797-808. doi: 10.1002/acr.21664. PMID: 22556106; PMCID: PMC3437757.
8	Weening JJ, D'Agati VD, Schwartz MM, et al. The classification of glomerulonephritis in systemic lupus erythematosus revisited. Kidney Int 2004; 65:521.
9	Lupkynis prescribing information. Aurinia Pharmaceuticals, Inc. January 2021.
10	Kidney Disease Improving Global Outcomes (KDIGO) KDIGO 2023 Clinical Practice Guideline for the Management of Lupus Nephritis. Public Review Draft. March 2023.

POLICY AGENT SUMMARY PRIOR AUTHORIZATION

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Benlysta	belimumab subcutaneous solution auto-injector	200 MG/ML	M ; N ; O ; Y	N		
Benlysta	belimumab subcutaneous solution prefilled syringe	200 MG/ML	M ; N ; O ; Y	N		
Lupkynis	voclosporin cap	7.9 MG	M ; N ; O ; Y	N		

POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Benlysta	belimumab subcutaneous solution auto-injector	200 MG/ML	4	Syringes	28	DAYS			
Benlysta	belimumab subcutaneous solution prefilled syringe	200 MG/ML	4	Syringes	28	DAYS			
Lupkynis	voclosporin cap	7.9 MG	180	Capsules	30	DAYS			

CLIENT SUMMARY – PRIOR AUTHORIZATION

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Benlysta	belimumab for iv soln ; belimumab subcutaneous solution auto-injector ; belimumab subcutaneous solution prefilled syringe	120 MG ; 200 MG/ML ; 400 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Benlysta	belimumab subcutaneous solution auto-injector	200 MG/ML	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Benlysta	belimumab subcutaneous solution prefilled syringe	200 MG/ML	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Lupkynis	voclosporin cap	7.9 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Benlysta	belimumab subcutaneous solution auto-injector	200 MG/ML	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Benlysta	belimumab subcutaneous solution prefilled syringe	200 MG/ML	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Lupkynis	voclosporin cap	7.9 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx

PRIOR AUTHORIZATION CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval

Initial Evaluation

Target Agent(s) will be approved when ALL of the following are met:

1. ONE of the following:
   A. The requested agent is eligible for continuation of therapy AND ONE of the following:

Agents Eligible for Continuation of Therapy
All target agents are eligible for continuation of therapy

      1. Information has been provided that indicates the patient has been treated with the requested agent (starting on samples is not approvable) within the past 90 days **OR**
      2. The prescriber states the patient has been treated with the requested agent (starting on samples is not approvable) within the past 90 days AND is at risk if therapy is changed **OR**

   B. The patient has a diagnosis of active systemic lupus erythematosus (SLE) disease WITHOUT active Lupus Nephritis AND BOTH of the following:
      1. The requested agent is FDA approved for SLE **AND**
      2. BOTH of the following:
         A. ONE of the following:
            1. The patient has tried and had an inadequate response to hydroxychloroquine **OR**
            2. The patient has an intolerance or hypersensitivity to hydroxychloroquine **OR**
            3. The patient has an FDA labeled contraindication to hydroxychloroquine **OR**
            4. The patient is currently being treated with the requested agent as indicated by ALL of the following:
               A. A statement by the prescriber that the patient is currently taking the requested agent **AND**
               B. A statement by the prescriber that the patient is currently receiving a positive therapeutic outcome on requested agent **AND**
               C. The prescriber states that a change in therapy is expected to be ineffective or cause harm **OR**
            5. The prescriber has provided documentation that hydroxychloroquine cannot be used due to a documented medical condition or comorbid condition that is likely to cause an adverse reaction, decrease ability of the patient to achieve or maintain reasonable functional ability in

Module	Clinical Criteria for Approval
	performing daily activities or cause physical or mental harm **AND** B. ONE of the following: 1. The patient has tried and had an inadequate response to corticosteroids OR immunosuppressives (i.e., azathioprine, methotrexate, oral cyclophosphamide, mycophenolate) **OR** 2. The patient has an intolerance or hypersensitivity to therapy with corticosteroids OR immunosuppressives (i.e., azathioprine, methotrexate, oral cyclophosphamide, mycophenolate) **OR** 3. The patient has an FDA labeled contraindication to ALL corticosteroids AND immunosuppressives (i.e., azathioprine, methotrexate, oral cyclophosphamide, mycophenolate) **OR** 4. The patient is currently being treated with the requested agent as indicated by ALL of the following: A. A statement by the prescriber that the patient is currently taking the requested agent **AND** B. A statement by the prescriber that the patient is currently receiving a positive therapeutic outcome on requested agent **AND** C. The prescriber states that a change in therapy is expected to be ineffective or cause harm **OR** 5. The prescriber has provided documentation that ALL corticosteroids AND immunosuppressives (i.e., azathioprine, methotrexate, oral cyclophosphamide, mycophenolate) cannot be used due to a documented medical condition or comorbid condition that is likely to cause an adverse reaction, decrease ability of the patient to achieve or maintain reasonable functional ability in performing daily activities or cause physical or mental harm **OR** C. The patient has a diagnosis of active lupus nephritis (LN) AND BOTH of the following: 1. The requested agent is FDA approved for lupus nephritis **AND** 2. The patient has Class III, IV, or V lupus nephritis confirmed via kidney biopsy **OR** D. The patient has another FDA approved indication for the requested agent **AND** 2. If the patient has an FDA approved indication, then ONE of the following: A. The patient's age is within FDA labeling for the requested indication for the requested agent and route of administration **OR** B. The prescriber has provided information in support of using the requested agent for the patient's age for the requested indication and route of administration **AND** 3. ONE of the following: A. The patient has a diagnosis of active systemic lupus erythematosus (SLE) disease WITHOUT active Lupus Nephritis AND BOTH of the following: 1. The patient is currently treated with standard SLE therapy (i.e., corticosteroids, hydroxychloroquine, azathioprine, methotrexate, oral cyclophosphamide, mycophenolate) **AND** 2. The patient will continue standard SLE therapy (i.e., corticosteroids, hydroxychloroquine, azathioprine, methotrexate, oral cyclophosphamide, mycophenolate) in combination with the requested agent **OR** B. The patient has a diagnosis of active lupus nephritis AND the patient will be using the requested agent with background immunosuppressive lupus nephritis therapy (e.g., corticosteroids with mycophenolate or for Benlysta corticosteroids with mycophenolate or IV cyclophosphamide) **OR** C. The patient has another FDA approved indication for the requested agent **AND** 4. The prescriber is a specialist in the area of the patient's diagnosis (e.g., rheumatologist, nephrologist) or the prescriber has consulted with a specialist in the area of the patient's diagnosis **AND** 5. The patient does NOT have severe active central nervous system lupus **AND**

Module	Clinical Criteria for Approval
	6. ONE of the following (Please refer to "Agents NOT to be used Concomitantly" table): A. The patient will NOT be using the requested agent in combination with another immunomodulatory agent (e.g., TNF inhibitors, JAK inhibitors, IL-4 inhibitors) **OR** B. The patient will be using the requested agent in combination with another immunomodulatory agent AND BOTH of the following: 1. The prescribing information for the requested agent does NOT limit the use with another immunomodulatory agents **AND** 2. The prescriber has provided information in support of combination therapy (submitted copy required, e.g., clinical trials, phase III studies, guidelines required) **AND** 7. If the requested agent is Lupkynis, the patient will NOT be using the requested agent in combination with cyclophosphamide **AND** 8. The patient does NOT have any FDA labeled contraindications to the requested agent **Length of Approval:** 12 months ***NOTE:** Approve Benlysta subcutaneous loading dose for 1 month, then maintenance dose can be approved for the remainder of 12 months NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria. **Renewal Evaluation** **Target Agent(s)** will be approved when ALL of the following are met: 1. The patient has been previously approved for the requested agent through the plan's Prior Authorization process **AND** 2. ONE of the following: A. The patient has a diagnosis of active systemic lupus erythematosus (SLE) disease WITHOUT active Lupus Nephritis AND ALL of the following: 1. The requested agent is FDA approved for SLE **AND** 2. The patient will continue standard SLE therapy (i.e., corticosteroids, hydroxychloroquine, azathioprine, methotrexate, oral cyclophosphamide, mycophenolate) **AND** 3. The patient has had clinical benefit with the requested agent **OR** B. The patient has a diagnosis of active lupus nephritis (LN) AND ALL of the following: 1. The requested agent is FDA approved for lupus nephritis **AND** 2. The patient will continue background lupus nephritis therapy (e.g., corticosteroids with mycophenolate or for Benlysta corticosteroids with mycophenolate or IV cyclophosphamide) **AND** 3. The patient has had clinical benefit with the requested agent **OR** C. The patient has another FDA approved indication for the requested agent AND has had clinical benefit with the requested agent **AND** 3. The prescriber is a specialist in the area of the patient's diagnosis (e.g., rheumatologist, nephrologist) or the prescriber has consulted with a specialist in the area of the patient's diagnosis **AND** 4. The patient does NOT have severe active central nervous system lupus **AND** 5. ONE of the following (Please refer to "Agents NOT to be used Concomitantly" table): A. The patient will NOT be using the requested agent in combination with another immunomodulatory agent (e.g., TNF inhibitors, JAK inhibitors, IL-4 inhibitors) **OR** B. The patient will be using the requested agent in combination with another immunomodulatory agent AND BOTH of the following: 1. The prescribing information for the requested agent does NOT limit the use with another immunomodulatory agents **AND** 2. The prescriber has provided information in support of combination therapy (submitted copy required, e.g., clinical trials, phase III studies, guidelines required) **AND**

Module	Clinical Criteria for Approval
	6. If the requested agent is Lupkynis, the patient will NOT be using the requested agent in combination with cyclophosphamide **AND** 7. The patient does NOT have any FDA labeled contraindications to the requested agent **Length of Approval:** 12 months NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
	Quantity Limit for the Target Agent(s) will be approved when ONE of the following is met: 1. The requested quantity (dose) does NOT exceed the program quantity limit **OR** 2. ALL of the following: A. The requested quantity (dose) exceeds the program quantity limit **AND** B. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication **AND** C. The requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does not exceed the program quantity limit **Length of Approval**: 12 months

CONTRAINDICATION AGENTS

Contraindicated as Concomitant Therapy
Agents NOT to be used Concomitantly Abrilada (adalimumab-afzb) Actemra (tocilizumab) Adalimumab Adbry (tralokinumab-ldrm) Amjevita (adalimumab-atto) Arcalyst (rilonacept) Avsola (infliximab-axxq) Benlysta (belimumab) Bimzelx (bimekizumab-bkzx) Cibinqo (abrocitinib) Cimzia (certolizumab) Cinqair (reslizumab) Cosentyx (secukinumab)

Contraindicated as Concomitant Therapy
Cyltezo (adalimumab-adbm)
Dupixent (dupilumab)
Enbrel (etanercept)
Entyvio (vedolizumab)
Fasenra (benralizumab)
Hadlima (adalimumab-bwwd)
Hulio (adalimumab-fkjp)
Humira (adalimumab)
Hyrimoz (adalimumab-adaz)
Idacio (adalimumab-aacf)
Ilaris (canakinumab)
Ilumya (tildrakizumab-asmn)
Inflectra (infliximab-dyyb)
Infliximab
Kevzara (sarilumab)
Kineret (anakinra)
Litfulo (ritlecitinib)
Nucala (mepolizumab)
Olumiant (baricitinib)
Omvoh (mirikizumab-mrkz)
Opzelura (ruxolitinib)
Orencia (abatacept)
Otezla (apremilast)
Remicade (infliximab)
Renflexis (infliximab-abda)
Riabni (rituximab-arrx)
Rinvoq (upadacitinib)

Contraindicated as Concomitant Therapy
Rituxan (rituximab)
Rituxan Hycela (rituximab/hyaluronidase human)
Ruxience (rituximab-pvvr)
Siliq (brodalumab)
Simponi (golimumab)
Simponi ARIA (golimumab)
Skyrizi (risankizumab-rzaa)
Sotyktu (deucravacitinib)
Stelara (ustekinumab)
Taltz (ixekizumab)
Tezspire (tezepelumab-ekko)
Tremfya (guselkumab)
Truxima (rituximab-abbs)
Tysabri (natalizumab)
Velsipity (etrasimod)
Wezlana (ustekinumab-auub)
Xeljanz (tofacitinib)
Xeljanz XR (tofacitinib extended release)
Xolair (omalizumab)
Yuflyma (adalimumab-aaty)
Yusimry (adalimumab-aqvh)
Zeposia (ozanimod)
Zymfentra (infliximab-dyyb)