Electronically Prescribing

Lupkynis® (voclosporin) capsules 7.9 mg

IMPORTANT REMINDERS

- A one-time HCP Attestation Form is required for your first eRx. An Aurinia representative can provide one for you
- Patient consent is required for ANY Aurinia Alliance® services, including Bridge and co-pay support
- A second eRx, identical to the first eRx is required for Bridge fulfillment

Aurinia Alliance

Electronically Prescribing LUPKYNIS® (voclosporin)

Aurinia Alliance® supports LUPKYNIS patients and the offices that prescribe through the prescription journey

1 Prescribe LUPKYNIS to PharmaCord Pharmacy

- If you can't find LUPKYNIS, you may search "voclosporin"
- PharmaCord Pharmacy, 11001 Bluegrass Parkway, Suite 200, Louisville, KY 40299. It may be found under mail-order pharmacies, NPI 1699202838

2 Include ICD.10 code or diagnosis

3 Enter dosage and refills:

- LUPKYNIS is available in a 7.9 mg capsule
- Recommended starting dose is 3 capsules BID. Please see Prescribing Information for guidance on potential dosing adjustments

23.7 mg (7.9 mg/capsule) PO BID x 30 days # 180 capsules refills
NDC 75626-001-02: Carton containing 180 capsules (3 wallets)

15.8 mg (7.9 mg/capsule) PO BID x 30 days # 120 capsules refills

7.9 mg (7.9 mg/capsule) PO BID x 30 days # 60 capsules refills
NDC 75626-001-01: Wallet containing 60 capsules

BID=twice daily.

INDICATION

LUPKYNIS is indicated in combination with a background immunosuppressive therapy regimen for the treatment of adult patients with active lupus nephritis (LN).

Limitations of Use: Safety and efficacy of LUPKYNIS have not been established in combination with cyclophosphamide. Use of LUPKYNIS is not recommended in this situation.

Please see additional Important Safety Information on the last page of this brochure and full Prescribing Information including Boxed Warning and Medication Guide for LUPKYNIS at LUPKYNISpro.com.

Recommendations for Dosing of LUPKYNIS Alongside Background Immunosuppression[1]

Lupkynis® (voclosporin) capsules 7.9 mg

Starting dose 23.7 mg BID

3 capsules (7.9 mg each) BID

12-hour schedule

Taken as close as possible to schedule[2]

Empty stomach

1 hour before or 2 hours after meal

Swallow whole

Should not open, crush, or divide capsules

Dose should be taken within 4 hours. Beyond 4 hours, wait until next scheduled dose; do not double the dose.

No drug-level monitoring required.[1]

eGFR-based dosing recommendations

Assess eGFR every 2 weeks for the first month, every 4 weeks for the first year, and quarterly thereafter.

eGFR ≥60 mL/min/1.73 m²

No dose adjustment necessary; continue 3 capsules BID

eGFR <60 mL/min/1.73 m²

≤20% reduction from baseline

No dose adjustment necessary; continue 3 capsules BID

>20% and <30% reduction from baseline

Reduce dose to 2 capsules BID

Reassess eGFR within 2 weeks; if still >20% reduced from baseline: reduce dose to 1 capsule BID

Reassess eGFR within 2 weeks; if ≥80% of baseline, consider increasing dose by 1 capsule BID; do not exceed starting dose

≥30% reduction from baseline

Discontinue LUPKYNIS

Reassess eGFR within 2 weeks; if ≥80% of baseline, consider restarting at 1 capsule BID

eGFR=estimated glomerular filtration rate; MMF=mycophenolate mofetil.

BOXED WARNINGS: MALIGNANCIES AND SERIOUS INFECTIONS
Increased risk for developing malignancies and serious infections with LUPKYNIS or other immunosuppressants that may lead to hospitalization or death.

Please see additional Important Safety Information on the last page of this brochure and full Prescribing Information including Boxed Warning and Medication Guide for LUPKYNIS at LUPKYNISpro.com.

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For Support:
Call: 1-833-AURINIA (1-833-287-4642)
8:00 AM to 8:00 PM ET
Fax: 1-833-213-1001
Email: support@AuriniaAlliance.com

Field Access Navigator:

Name: _____

Contact: _____

IMPORTANT SAFETY INFORMATION

BOXED WARNINGS: MALIGNANCIES AND SERIOUS INFECTIONS

Increased risk for developing malignancies and serious infections with LUPKYNIS or other immunosuppressants that may lead to hospitalization or death.

CONTRAINDICATIONS: LUPKYNIS is contraindicated in patients taking strong CYP3A4 inhibitors because of the increased risk of acute and/or chronic nephrotoxicity, and in patients who have had a serious/severe hypersensitivity reaction to LUPKYNIS or its excipients.

WARNINGS AND PRECAUTIONS

Lymphoma and Other Malignancies: Immunosuppressants, including LUPKYNIS, increase the risk of developing lymphomas and other malignancies, particularly of the skin. The risk appears to be related to increasing doses and duration of immunosuppression rather than to the use of any specific agent.

Serious Infections: Immunosuppressants, including LUPKYNIS, increase the risk of developing bacterial, viral, fungal, and protozoal infections, including opportunistic infections which lead to serious, including fatal outcomes.

Nephrotoxicity: LUPKYNIS, like other calcineurin inhibitors (CNIs), may cause acute and/or chronic nephrotoxicity. The risk is increased when CNIs are concomitantly administered with drugs associated with nephrotoxicity. Monitor eGFR regularly.

Hypertension: Hypertension is a common adverse reaction of LUPKYNIS therapy and may require antihypertensive therapy. Monitor blood pressure regularly.

Neurotoxicity: LUPKYNIS, like other CNIs, may cause a spectrum of neurotoxicities: severe include posterior reversible encephalopathy syndrome (PRES), delirium, seizure, and coma; others include tremor, paresthesia, headache, and changes in mental status and/or motor and sensory functions. Monitor for neurologic symptoms.

Hyperkalemia: Hyperkalemia, which may be serious and require treatment, has been reported with CNIs, including LUPKYNIS. Concomitant use of agents associated with hyperkalemia may increase the risk for hyperkalemia. Monitor serum potassium levels periodically.

QTc Prolongation: LUPKYNIS prolongs the QTc interval in a dose-dependent manner when dosed higher than the recommended lupus nephritis therapeutic dose. The use of LUPKYNIS in combination with other drugs that are known to prolong QTc may result in clinically significant QT prolongation.

Immunizations: Avoid the use of live attenuated vaccines during treatment with LUPKYNIS. Inactivated vaccines noted to be safe for administration may not be sufficiently immunogenic during treatment with LUPKYNIS.

Pure Red Cell Aplasia: Cases of pure red cell aplasia (PRCA) have been reported in patients treated with another CNI immunosuppressant. If PRCA is diagnosed, consider discontinuation of LUPKYNIS.

Drug-Drug Interactions: Avoid co-administration of LUPKYNIS and strong CYP3A4 inhibitors or with strong or moderate CYP3A4 inducers. Co-administration of LUPKYNIS with strong CYP3A4 inhibitors is contraindicated. Reduce LUPKYNIS dosage when co-administered with moderate CYP3A4 inhibitors. Avoid use of LUPKYNIS with strong or moderate CYP3A4 inducers.

ADVERSE REACTIONS

The most common adverse reactions (≥3%) were glomerular filtration rate decreased, hypertension, diarrhea, headache, anemia, cough, urinary tract infection, abdominal pain upper, dyspepsia, alopecia, renal impairment, abdominal pain, mouth ulceration, fatigue, tremor, acute kidney injury, and decreased appetite.

SPECIFIC POPULATIONS

Pregnancy: Avoid use of LUPKYNIS.

Lactation: Consider the mother's clinical need of LUPKYNIS and any potential adverse effects to the breastfed infant when prescribing LUPKYNIS to a lactating woman.

Renal Impairment: LUPKYNIS is not recommended in patients with baseline eGFR ≤45 mL/min/1.73 m^2 unless benefit exceeds risk. If used in this population, reduce LUPKYNIS dose.

Hepatic Impairment: For mild or moderate hepatic impairment, reduce LUPKYNIS dose. Avoid use with severe hepatic impairment.

Please see Prescribing Information, including Boxed Warning, and Medication Guide for LUPKYNIS at LUPKYNISpro.com.

1. LUPKYNIS® (voclosporin) Package Insert. Aurinia Pharma, U.S., Inc; 04/24.

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