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May 9, 2023

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CVS Caremark

Sent via email to Sree.Chaguturu@cvshealth.com, J.khaldun@cvshealth.com, and

Michelle.gourdine@cvshealth.com

RE: Treatment Options for Lupus Nephritis

Dear Drs. Chaguturu, Khaldun, and Gourdine,

The Coalition of State Rheumatology Organizations (CSRO) is a national organization composed of over 30 state and regional professional rheumatology societies. CSRO was formed by physicians to ensure excellence and access to the highest quality care for patients with rheumatologic, autoimmune, and musculoskeletal disease. It is with this in mind that we write to you regarding CVS Caremark's coverage policy for Lupkynis (voclosporin).

CVS Caremark's coverage policy indicates that Lupkynis is excluded from coverage and not medically necessary for the treatment of Lupus Nephritis (LN). CSRO believes that this coverage policy is inappropriate, and will meaningfully reduce the effective management of LN for enrollees of plans whose formulary is managed by CVS Caremark. This is particularly concerning given the disproportionate impact this policy will have on underserved patient populations. Lupkynis is specifically indicated for lupus nephritis, which is known to have greater impact on women of color with lupus. This leads to the appearance of discrimination against a uniquely disadvantaged population.

Lupkynis has a unique mechanism of action that represents an important option for the treatment of patients for whom the alternative covered therapies are inappropriate, poorly tolerated or have been ineffective. The alternatives covered by CVS Caremark do not represent a comprehensive approach to the treatment of LN. As rheumatologists, we all have patients that have failed or cannot tolerate the other drugs on your formulary. This would result in increased inflammation leading to irreversible damage to organs such as the kidney. Increased corticosteroid usage in lupus patients has been shown to lead to earlier cardiovascular problems, osteoporosis, avascular necrosis, glucocorticoid induced diabetes among the many other steroid side effects.

Given the lack of compelling medical rationale for removing this drug from the toolkit

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that rheumatologists have to treat patients with LN, it appears that the coverage exclusions are designed to impede access by funneling patients and providers through a cumbersome exceptions process that delays, and potentially fails, to provide the right care in a timely fashion for lupus patients. Administrative delays such as this result in irreversible to damage to these, often very young, patients.

CSRO requests that CVS Caremark reinstate coverage of Lupkynis. CSRO is not requesting that CVS Caremark eliminate certain trial and failure requirements for covered alternatives where appropriate. However, reinstating coverage would ensure that the right medication for treatment of LN is available when warranted.

Sincerely,

Madelaine Feldman, MD

Vice President, Advocacy & Government Affairs