Lupkynis (voclosporin)
Effective 09/01/2021

Plan
☑ MassHealth
☑ Commercial/Exchange

Benefit
☑ Pharmacy Benefit
☐ Medical Benefit (NLX)

Program Type
☑ Prior Authorization
☐ Quantity Limit
☐ Step Therapy

Specialty Limitations
This medication has been designated specialty and must be filled at a contracted specialty pharmacy.

Plan	Specialty Medications
All Plans	Phone: 866-814-5506	Fax: 866-249-6155

Plan	Non-Specialty Medications
MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
Commercial	Phone: 800-294-5979	Fax: 888-836-0730
Exchange	Phone: 855-582-2022	Fax: 855-245-2134

Plan	Medical Specialty Medications (NLX)
All Plans	Phone: 844-345-2803	Fax: 844-851-0882

Contact Information

Exceptions
N/A

Overview
Lupkynis is indicated in combination with a background immunosuppressive therapy regimen for the treatment of adult patients with active lupus nephritis.

Coverage Guidelines
Authorization may be reviewed for members new to AllWays Health Partners who are currently receiving treatment with Lupkynis excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR
Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:
1. The member has a diagnosis of active lupus nephritis
2. The member is ≥ 18 years of age
3. The member is receiving concurrent immunosuppressive therapy or contraindication to immunosuppressive therapy, excluding cyclophosphamide and biologics
4. Appropriate dosing.

Continuation of Therapy
Reauthorization may be granted for continued treatment of lupus nephritis and the patient is experiencing an improvement in their condition and the benefits of continued treatment outweigh risk of worsening nephrotoxicity.

Limitations
1. Initial approvals and reauthorizations will be valid for 12 months
2. The following quantity limits apply:
Lupkynis 7.9mg | 180 capsules per 30 days

References

Review History
7/21/2021 – Criteria created and reviewed at July P&T. Effective 09/01/2021.

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