

Lupkynis (voclosporin)
Effective 09/01/2021

Plan	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	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
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
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 the plan 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
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References

1. Lupkynis [package insert]. Victoria, Canada: Aurinia Pharmaceuticals Inc.; January 2021.

Review History

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

09/21/2022 – Reviewed and updated for September P&T. Separated Comm/Exch vs MH. No clinical changes.

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