Mass General Brigham
Health Plan

Lupkynis
Effective 09/01/2021

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical and Specialty Medications**		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
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

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.