

**Lupkynis**  
**Effective 09/01/2021**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange		<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit			<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.			
<b>Contact Information</b>	<b>Medical Benefit</b> <b>Pharmacy Benefit</b>		Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
<b>Exceptions</b>	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  $\geq 18$  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.

