

Lupkynis (voclosporin)
Effective 10/01/2026

Plan	☐ MassHealth UPPL ☒ Commercial/Exchange	Program Type	☒ Prior Authorization
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		☐ Quantity Limit ☐ Step Therapy
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Medical Benefit Pharmacy Benefit	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

Overview

Lupkynis (voclosporin) is a calcineurin-inhibitor immunosuppressant indicated in combination with a background immunosuppressive therapy regimen for the treatment of adult patients with active lupus nephritis.

Safety and efficacy of Lupkynis have not been established in combination with cyclophosphamide. Use of Lupkynis is not recommended in this situation

Coverage Guidelines

If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, 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:

1. Diagnosis of active lupus nephritis
2. Member is 18 years of age or older
3. ONE of the following:
 - a. Requested medication is being used in combination with immunosuppressive therapy (e.g., mycophenolate mofetil, corticosteroids)
 - b. Immunosuppressive therapy (e.g., mycophenolate mofetil, corticosteroids) is clinically inappropriate for the member
4. Requested medication will NOT be used in combination with cyclophosphamide

Continuation of Therapy

Requests for reauthorization will be approved when all of the following criteria are met:

1. Member has achieved or maintained a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months
2. The following quantity limits apply:

Drug Name and Dosage Form	Quantity Limit
Lupkynis 7.9 mg capsule	6 capsules per day

References

1. Lupkynis (voclosporin) [prescribing information]. Rockville, MD: Aurinia Pharmaceuticals Inc.; October 2025.

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.

07/15/2026 – Reviewed and updated for July P&T. Removed from initial criteria requirements that Lupkynis is not being used in combination in a biologic, as well as “appropriate dosing” stipulation. Updated initial criteria to allow for approval of use with standard therapy if clinically inappropriate for the member. Updated reauthorization criteria to require only that the member has achieved or maintained a positive clinical response as evidenced by low disease activity or improvement and signs and symptoms of the condition. Effective 10/01/2026.

