

	
AETNA BETTER HEALTH® Coverage Policy/Guideline	
Name: Lupaneta Pack	Page: 1 of 2
Effective Date: 9/14/2023	Last Review Date: 6/19/2023
Applies to:	<input checked="" type="checkbox"/> Illinois <input type="checkbox"/> Florida <input checked="" type="checkbox"/> Florida Kids <input checked="" type="checkbox"/> New Jersey <input checked="" type="checkbox"/> Maryland <input type="checkbox"/> Michigan <input checked="" type="checkbox"/> Pennsylvania Kids <input checked="" type="checkbox"/> Virginia <input type="checkbox"/> Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Lupaneta Pack under the patient's prescription drug benefit.

Description:

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication

Lupaneta Pack is indicated for initial management of the painful symptoms of endometriosis and for management of recurrence of symptoms.

Limitations of Use:

Duration of use is limited due to concerns about adverse impact on bone mineral density. The initial treatment course of Lupaneta Pack is limited to six months. A single retreatment course of not more than six months may be administered after the initial course of treatment if symptoms recur. Use of Lupaneta Pack for longer than a total of 12 months is not recommended.

All other indications are considered experimental/investigational and not medically necessary.

Applicable Drug List:

Lupaneta Pack-1 Month
Lupaneta Pack-3 Month

Policy/Guideline:

Criteria for Initial Approval:

Endometriosis

Authorization of up to 6 months (one treatment course) may be granted to members for initial treatment of endometriosis.

Continuation of Therapy:

Endometriosis



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Authorization of up to 6 months (for a lifetime maximum of 12 months total) may be granted for retreatment of endometriosis when all of the following criteria are met:

- A. The member has had a recurrence of symptoms
- B. The member has a bone mineral density within normal limits

Approval Duration and Quantity Restrictions:

Approval: up to 6 months at a time for a lifetime maximum of 12 months total

References:

1. Lupaneta Pack [package insert]. North Chicago, IL: AbbVie Inc.; June 2015.