



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.