

Saphnelo (odevixibat)
Effective 05/01/2022

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

Overview

Saphnelo (anifrolumab) is a type 1 interferon (IFN) receptor antagonist indicated for the treatment of adult patients with moderate to severe systemic lupus erythematosus (SLE), who are receiving standard therapy.

Coverage Guidelines

Authorization may be reviewed for members new to the plan who are currently receiving treatment with the requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted if the member meets all following criteria and documentation has been submitted:

Saphnelo® (anifrolumab)

1. The member has a diagnosis of systemic lupus erythematosus
2. The prescribing physician is a rheumatologist
3. The member is ≥ 18 years of age
4. ONE of the following:
 - a. Use in combination with at least ONE of the following standard of care therapeutic categories: antimalarials, corticosteroids, or immunosuppressants
 - b. Physician documented contraindication to ALL of the following standard of care therapeutic categories: Antimalarials, corticosteroids, or immunosuppressants

Continuation of Therapy

Reauthorization may be granted with physician documentation of positive clinical response as evidence by low disease activity and improvement in signs and symptoms of condition.

Limitations

1. Initial approvals and reauthorizations will be granted for: 12 months

References

1. Saphnelo [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; July 2021.
2. Fanouriakis A, Kostopoulou M, Alunno A, et al. 2019 Update of the EULAR Recommendations for the Management of Systemic Lupus Erythematosus. *Ann Rheum Dis.* 2019;78:736-745.
3. Aringer M, Costenbader K, Daikh D, et al. 2019 European League Against Rheumatism/American College of Rheumatology classification criteria for systemic lupus erythematosus. *Ann Rheum Dis.* 2019;78:1151-1159.

Review History

03/16/2022 – Created for March P&T Effective 05/01/2022.

