Mass General Brigham
Health Plan

Saphnelo (anifrolumab)
Effective 05/01/2022

Plan	☐ MassHealth UPPL ☒ Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Saphnelo (anifrolumab) is a type 1 interferon (IFN) receptor antagonist indicted 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 (anifrolumab) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; December 2023.
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.
2/14/2024 – Reviewed and updated for Feb P&T; references updated. No clinical changes.