

5.99.023

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<b>Section:</b>	Prescription Drugs	<b>Effective Date:</b>	April 1, 2024
<b>Subsection:</b>	Miscellaneous Products	<b>Original Policy Date:</b>	August 20, 2021
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**Last Review Date:** March 8, 2024

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## Saphnelo

### Description

#### Saphnelo (anifrolumab-fnia)

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#### Background

Saphnelo (anifrolumab-fnia) is a human IgG1k monoclonal antibody that binds to subunit 1 of the type I interferon receptor (IFNAR) with high specificity and affinity. The binding inhibits type I IFN signaling, thereby blocking the biologic activity of type I IFNs. Saphnelo also induces the internalization of IFNAR1, thereby reducing the levels of cell surface IFNAR1 available for receptor assembly. This inhibits IFN responsive gene expression as well as downstream inflammatory and immunological processes. Type I IFNs play a role in the pathogenesis of systemic lupus erythematosus (SLE) (1).

#### Regulatory Status

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

Limitations of Use: The efficacy of Saphnelo has not been evaluated in patients with severe active lupus nephritis or severe active central nervous system lupus. Use of Saphnelo is not recommended in these situations (1).

Saphnelo has warnings for the following: serious infections, hypersensitivity reactions including anaphylaxis, and malignancy. Saphnelo patients should have updated immunizations according to immunization guidelines prior to initiation therapy. Concurrent use of live or live-attenuated

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vaccines should be avoided in patients treated with Saphnelo. Saphnelo is also not studied in combination with other biologic therapies, including B-cell targeted therapies (1).

The safety and effectiveness of Saphnelo in pediatric patients less than 18 years of age have not been established (1).

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## Related policies

Benlysta

### [Policy](#)

*This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.*

Saphnelo may be considered **medically necessary** if the conditions indicated below are met.

Saphnelo may be considered **investigational** for all other indications.

## Prior-Approval Requirements

**Age** 18 years of age or older

### Diagnosis

Patient must have the following:

Systemic lupus erythematosus (SLE)

**AND ALL** of the following:

1. Must have moderate to severe SLE
2. Must be receiving standard therapy [e.g., corticosteroids, NSAID, azathioprine, leflunomide, methotrexate, mycophenolate, tacrolimus, and antimalarials (e.g., hydroxychloroquine, chloroquine, quinine, quinidine, mefloquine)]

**AND NONE** of the following:

1. Chronic infection, including, but not limited to Hepatitis B, Hepatitis C, HIV, TB

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2. Severe active lupus nephritis
3. Severe active central nervous system lupus
4. Concurrent therapy with other biologic therapies
5. Given concurrently with live vaccines

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## Prior – Approval *Renewal* Requirements

**Age** 18 years of age or older

### Diagnosis

Patient must have the following:

Systemic lupus erythematosus (SLE)

**AND ALL** of the following:

1. Must be receiving standard therapy [e.g., corticosteroids, NSAID, azathioprine, leflunomide, methotrexate, mycophenolate, tacrolimus, and antimalarials (e.g., hydroxychloroquine, chloroquine, quinine, quinidine, mefloquine)]
2. Documented clinical benefit from therapy (e.g., improvement in functional impairment, decrease of corticosteroid dose, decrease in pain medications, decrease in the number of exacerbations since prior to the start of Saphnelo)

**AND NONE** of the following:

1. Chronic infection, including, but not limited to Hepatitis B, Hepatitis C, HIV, TB
2. Severe active lupus nephritis
3. Severe active central nervous system lupus
4. Concurrent therapy with other biologic therapies
5. Given concurrently with live vaccines

### [Policy Guidelines](#)

## Pre - PA Allowance

None

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## Prior - Approval Limits

**Quantity** 3 vials per 84 days

**Duration** 6 months

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## Prior – Approval *Renewal* Limits

**Quantity** 3 vials per 84 days

**Duration** 12 months

## Rationale

### Summary

Most patients with active systemic lupus erythematosus (SLE) express elevated levels of type I IFN inducible genes. Saphnelo is a type I interferon (IFN) receptor antagonist indicated for the treatment of SLE. Patients on Saphnelo should not receive live vaccines or use Saphnelo in combination with biologic medications. The safety and effectiveness of Saphnelo in pediatric patients less than 18 years of age have not been established (1).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Saphnelo while maintaining optimal therapeutic outcomes.

### References

1. Saphnelo [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; December 2023.

## Policy History

Date	Action
August 2021	Addition to PA
December 2021	Annual review
September 2022	Annual review
September 2023	Annual review and reference update
March 2024	Annual review and reference update

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## Keywords

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**This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 8, 2024 and is effective on April 1, 2024.**