

POLICY NAME	Saphnelo (anifrolumab-fnia)	POLICY #	3130P
--------------------	-----------------------------	-----------------	-------

Criteria

Coverage Criteria

- ☐ Diagnosis of active systemic lupus erythematosus (SLE)
- ☐ Age 18 years or older
- ☐ Prescribed by or with a rheumatologist (musculoskeletal doctor)
- ☐ Documented compliance with hydroxychloroquine or chloroquine, unless contraindicated
 - Compliance defined as possession of 150-days' worth of drug in 6 months
- ☐ Documented trial and failure of or contraindication to treatment with at least one other standard of therapy: prednisone, azathioprine, leflunomide, mycophenolate mofetil, methotrexate, NSAIDs

Exclusion Criteria – Any of the following prevents coverage

- ☐ Saphnelo will not be covered if used in combination with Benlysta or with biologic agents
- ☐ Member currently has severe active central nervous lupus
- ☐ Member currently has severe active lupus nephritis