anifrolumab (Saphnelo®)

EOCCO POLICY

Policy Type: PA/SP Pharmacy Coverage Policy: EOCCO247

Description

Anifrolumab (Saphnelo) is a subcutaneously administered type I interferon receptor antagonist.

Length of Authorization

- Initial: 12 months
- Renewal: 12 months

Quantity Limits

Product Name	Indication	Dosage Form	Quantity Limit
anifrolumab (Saphnelo)	systemic lupus erythematosus (SLE)	0.8mg/2mL auto-injector	3.2mL/28 days
		0.8mg/2mL prefilled syringe	3.2mL/28 days

Initial Evaluation

I. **Anifrolumab (Saphnelo)** may be considered medically necessary when the following criteria are met:
   A. Member is 18 years of age or older; **AND**
   B. Medication is prescribed by, or in consultation with, a nephrologist or rheumatologist; **AND**
   C. Provider attestation that other causes of disease (e.g., rheumatoid arthritis, Sjögren's syndrome Behçet syndrome), have been ruled out; **AND**
   D. Provider attestation that member has a diagnosis of active systemic lupus erythematosus (SLE) without active lupus nephritis (LN) or active central nervous system (CNS) nephritis; **AND**
   E. Medication will not be used in combination with other biologics or specialty medications [e.g., belimumab (Benlysta), rituximab (Rituxan), abatacept (Orencia), obinutuzumab (Gazyva)]; **AND**
   F. A diagnosis of **moderate to severe systemic lupus erythematosus (SLE)** when the following are met:
      1. Treatment with standard therapy from all the categories below have been ineffective, not tolerated, or all are contraindicated:
         i. Antimalarials (e.g., chloroquine, hydroxychloroquine)
         ii. Immunosuppressives (e.g., corticosteroids, azathioprine, mycophenolate mofetil, methotrexate, prednisone, methylprednisolone); **AND**
      2. The patient will continue standard SLE therapy (i.e., corticosteroids, hydroxychloroquine, azathioprine, methotrexate, mycophenolate, cyclophosphamide) in combination with anifrolumab (Saphnelo) unless all are contraindicated, or not tolerated; **AND**
   G. Treatment with belimumab (Benlysta)* has been ineffective, contraindicated, or not tolerated.

*Please note: medications notated with an asterisk may require additional review.

II. Anifrolumab (Saphnelo) is considered investigational when used for all other conditions, including but not limited to:
   A. Anifrolumab (Saphnelo) used in combination with other biologics or specialty medications [e.g., belimumab (Benlysta), rituximab (Rituxan), abatacept (Orencia), obinutuzumab (Gazyva)]
   B. Pediatric patients <18 years of age
   C. Lupus nephritis and/or central nervous system lupus
   D. Antiphospholipid syndrome (APS)
   E. Chronic and/or subacute cutaneous lupus erythematosus (CLE)
   F. Idiopathic inflammatory myopathies (IIM) [polymyositis (PM) or dermatomyositis (DM)]
   G. Systemic sclerosis

Renewal Evaluation

I. Member has received a previous prior authorization approval for this agent through this health plan or has been established on therapy from a previous health plan; **AND**
II. Member is not continuing therapy based off being established on therapy through samples, manufacturer coupons, or otherwise. If they have, initial policy criteria must be met for the member to qualify for renewal evaluation through this health plan; **AND**
III. Member has exhibited improvement or stability of disease symptoms [e.g., reduced glucocorticoid use, low disease activity, achieved remission]; **AND**
IV. Medication will not be used in combination with other biologics or specialty medications [e.g., belimumab (Benlysta), rituximab (Rituxan), abatacept (Orencia), obinutuzumab (Gazyva)]; **AND**
V. Provider attestation that other causes of disease (e.g., rheumatoid arthritis, Sjögren's syndrome, Behçet syndrome) continues to be ruled out; **AND**
VI. Provider attestation that the member continues to have a diagnosis of active systemic lupus erythematosus (SLE) without active lupus nephritis (LN) or active central nervous system (CNS) nephritis; **AND**
VII. Member will continue treatment with standard therapy agents (i.e., antimalarials, corticosteroids, immunosuppressants) unless all are contraindicated or not tolerated.

Supporting Evidence

I. Anifrolumab (Saphnelo) is FDA-approved and studied in clinical trials in the setting of adult patients aged 18 years and older. There are no current or planned studies to evaluate the safety and efficacy of subcutaneous anifrolumab (Saphnelo) in pediatric patients <18 years of age. There is insufficient evidence to support the use of anifrolumab (Saphnelo) in pediatric patients <18 years of age.
II. Diagnosis of SLE relies heavily on identifying signs and symptoms of disease, and ruling out other possible differential diagnoses (e.g., rheumatoid arthritis, Behçet syndrome, rhupus, etc.) and should be done by, or in consultation with, a specialist in nephrology and/or rheumatology.

III. Presentation of systemic lupus erythematosus (SLE) varies largely, overlaps with symptoms of other chronic inflammatory diseases (e.g., rheumatoid arthritis, Behçet syndrome, rhupus, etc.), and can fluctuate over time, making it challenging to diagnose. Constitutional symptoms such as fatigue, fever, and weight loss are non-specific to SLE, and key features such as arthralgia, dermatological manifestations, renal impairment, and hematological abnormalities are also common manifestations of differential diagnoses. It is integral to rule out other causes of disease prior to initiating treatment for SLE.

IV. Lupus nephritis (LN) and central nervous system (CNS) lupus are manifestations of severe SLE involving impairment to the kidneys and CNS respectively and require a different approach to treatment. Anifrolumab (Saphnelo) has not been adequately studied in LN nor CNS lupus, and safety and efficacy of anifrolumab (Saphnelo) in these disease states have not been established. It is integral to rule out other causes of disease as well as LN and CNS lupus prior to initiating treatment for SLE.

V. There is insufficient evidence to support the use of anifrolumab (Saphnelo) used in combination with other biologic(s) [e.g., rituximab (Rituxan), abatacept (Orencia), obinutuzumab (Gazyva)]. There are no current or planned studies to evaluate combination use of biologics in the SLE disease space; thus, use of anifrolumab (Saphnelo) in combination with other biologics is considered investigational with unknown benefit.

VI. The American College of Rheumatology (ACR) 2025 guidelines recommend hydroxychloroquine (HCQ) as first-line standard of care therapy regardless of severity, which is continued indefinitely (strong recommendation). In addition to HCQ, guidelines recommend short courses of glucocorticoids and non-steroidal anti-inflammatory medications (NSAIDS) to manage flares and additional manifestations of disease, with the intent to taper off as soon as possible (conditional recommendation). Moderate to severe disease is defined by significant symptoms and organ-involvement refractory to first-line standard of care. For refractory disease, guidelines recommend initiating immunosuppressants such as methotrexate, mycophenolic acid, and azathioprine (conditional recommendation) and monoclonal antibodies, specifically belimumab (Benylsta) or anifrolumab (Saphnelo) (conditional recommendation). Trial of first line therapy with HCQ is clinically appropriate and cost-effective prior to initiation of biologic therapy. Guidelines note that early introduction of immunosuppressive therapies (conventional or biologic) for ongoing SLE activity is encouraged to achieve control of SLE inflammation and minimize glucocorticoid-related toxicity. Thus, trial of either a glucocorticoid and/or conventional immunosuppressive therapy (e.g., azathioprine, mycophenolate mofetil, methotrexate) is also clinically appropriate and cost-effective prior to consideration of biologic therapy.

VII. Anifrolumab (Saphleno) was studied in a Phase 3, double-blind, placebo-controlled (TULIP-SC) trial. Participants with moderate-severe pediatric or adult-onset SLE were randomized 1:1 to receive subcutaneous anifrolumab (Saphnelo) or placebo once weekly for 52 weeks. The primary endpoint was the proportion of patients attaining British Isles Lupus Assessment Group (BILAG)-based Composite Lupus Assessment (BICLA) response at week 52. Key secondary endpoints were proportion of BICLA responders at week 52 who met prespecified thresholds for oral glucocorticoid dose reductions at week 40 through week 52, time from first dose to first

BICLA response sustained, and time to flare. The median age of the study population was 42.5 years. Most of the study population was female (91.6%), and White (74.4%). Around 82.3% of participants were taking antimalarials, 82.3% were taking oral glucocorticoids, and 54.8% of participants were taking immunosuppressants as baseline SLE regimens. The BICLA response is a validated composite global measure of SLE disease activity that incorporates outcomes of clinical response in SLE, including the Systemic Lupus Erythematosus Disease Activity Index 2000 (SLEDAI-2K) score, Cutaneous Lupus Erythematosus Disease Area and Severity Index - Activity score (CLASI-A), physician global assessment (PGA), oral corticosteroids (OCS) dosage reduction, and patient-reported outcomes. The BILAG is a validated instrument that distinguishes between partial and complete improvement in SLE. The primary endpoint was met at the interim analysis, and results were sustained in the full analysis. Anifrolumab (Saphnelo) showed statistically significant superiority of over placebo in the primary and first two secondary endpoints. However, statistically significant differences were not observed in time to first flare. Furthermore, the efficacy of anifrolumab (Saphnelo) if refractory to other monoclonal antibody use is unknown, as participants who have not achieved low disease activity on prior use of other biologics were not considered. Efficacy results are similar to those of belimumab (Benylsta). Thus, the quality of evidence from TULIP-SC is moderate.

VIII. The efficacy results of anifrolumab (Saphnelo) in TULIP-SC are similar to that of clinical trials evaluating the efficacy of belimumab (Benylsta). There are currently no head-to-head trials comparing the safety and efficacy of these monoclonal antibodies in the treatment of SLE. Anifrolumab (Saphnelo) is proposed to be more effective in controlling SLE symptoms when compared to belimumab (Benylsta) because it works by reducing upstream activation of multiple immune pathways, versus having selective inhibition of B-cells only. It is also proposed to have a more favorable safety profile when indirectly compared to belimumab (Benlysta), specifically relating to adverse events in depression and suicidality, and progressive multifocal leukoencephalopathy (PML). However, these claims have not been substantiated and further differentiation between these monoclonal antibodies for SLE will be realized in the real-world setting. There is currently insufficient evidence to show superiority of the safety and efficacy of anifrolumab (Saphnelo) over belimumab (Benylsta). Trial of belimumab (Benylsta) prior to anifrolumab (Saphnelo) is both clinically appropriate and cost-effective.

Investigational or Not Medically Necessary Uses

I. Anifrolumab (Saphnelo) has not been FDA-approved, or sufficiently studied for safety and efficacy for the conditions or settings listed below:
   A. Anifrolumab (Saphnelo) used in combination with another biologic or specialty medications
      i. There is insufficient evidence to support the use of anifrolumab (Saphnelo) used in combination with other biologic(s) [e.g., rituximab (Rituxan), abatacept (Orencia), obinutuzumab (Gazyva)]. There are no current or planned studies to evaluate combination use of biologics in the SLE disease space.
   B. Pediatric patients <18 years of age

i. There are no current or planned studies to evaluate the safety and efficacy of subcutaneous anifrolumab (Saphnelo) in pediatric patients <18 years of age. There is currently a Phase 3, randomized, double-blind, placebo-controlled study (BLOSSOM) to evaluate the safety and efficacy of intravenous anifrolumab (Saphnelo) in pediatric patients < 18 years of age for the treatment of SLE. The study is currently recruiting and is expected to be completed in 2030. However, at this time, there is insufficient evidence to support the use of anifrolumab (Saphnelo) in pediatric patients <18 years of age.

C. Lupus nephritis and/or central nervous system lupus
   i. The TULIP-SC trial excluded patients with active, severe SLE-driven renal disease and active severe or unstable neuropsychiatric SLE. Although LN and CNS lupus are manifestations of severe SLE, treatment of these disease states differs from SLE and have not been adequately studied for safety and efficacy with the treatment of anifrolumab (Saphnelo).
D. Antiphospholipid syndrome (APS)
   i. There is currently a Phase 2, OLE pilot study to evaluate anifrolumab (Saphnelo) for the treatment of antiphospholipid syndrome (APS). It is currently recruiting and is expected to be completed in June 2028. There is currently insufficient evidence to support the use of anifrolumab (Saphnelo) in APS.
E. Chronic and/or subacute cutaneous lupus erythematosus (CLE)
   i. There is currently a Phase 3, randomized, double-blind, placebo-controlled study (LAVENDER) to evaluate anifrolumab (Saphnelo) for the treatment of chronic and/or subacute cutaneous lupus erythematosus (CLE). It is expected to be completed in late 2027. At this time, there is currently insufficient evidence to support the use of anifrolumab (Saphnelo) in chronic and/or subacute CLE.
F. Idiopathic inflammatory myopathies (IIM) [polymyositis (PM) or dermatomyositis (DM)]
   i. There is currently a Phase 3, randomized, double-blind, active-comparator study (JASMINE) to evaluate anifrolumab (Saphnelo) for the treatment of moderate to severe idiopathic inflammatory myopathies (IIM) [polymyositis (PM) or dermatomyositis (DM)]. It is expected to be completed in early 2028. At this time, there is currently insufficient evidence to support the use of anifrolumab (Saphnelo) in moderate to severe IIM, PM or DM.
G. Systemic sclerosis
   i. There is currently a Phase 3, randomized, double-blind, placebo-controlled study (DAISY) to evaluate anifrolumab (Saphnelo) for the treatment of systemic sclerosis. It is expected to be completed in early 2028. At this time, there is currently insufficient evidence to support the use of anifrolumab (Saphnelo) in systemic sclerosis.

References

1. Saphnelo. Package Insert. AstraZeneca Pharmaceuticals LP; July 2021.

2. AstraZeneca. Saphnelo approved in the US for subcutaneous self-administration as a new autoinjector for the treatment of systemic lupus erythematosus. Updated April 27, 2026. Accessed June 17, 2026. Saphnelo approved in the US for subcutaneous self-administration as a new autoinjector for the treatment of systemic lupus erythematosus
3. American College of Rheumatology (ACR) Guideline for the Treatment of Systemic Lupus Erythematosus. American College of Rheumatology. 2025. Accessed June 17, 2026 Lupus Clinical Practice Guidelines | American College of Rheumatology
4. EULAR recommendations for the management of systemic lupus erythematosus: 2023 update. The British Medical Journal. 2023. Accessed June 17, 2026 Lupus Clinical Practice Guidelines | American College of Rheumatology
5. anifrolumab injection. Drug Facts and Comparisons. Facts & Comparisons eAnswers. Wolters Kluwer Health, Inc. Riverwoods, IL. Accessed June 17, 2026. http://online.factsandcomparisons.com

Related Policies

Policy Name	Disease state
belimumab (Benlysta®) Policy	Systemic Lupus Erythematosus (SLE)
	Lupus Nephritis (LN)

Policy Implementation/Update:

Action and Summary of Changes	Date
Policy created	08/2026