Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Medical benefit drug policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and therefore subject to change.

Effective Date: 10/12/2023

Saphnelo™ (anifrolumab-fnia)

HCPCS: J0491

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

A. Coverage of the requested drug is provided when all the following are met:
   a. FDA approved indication
   b. FDA approved age
   c. Patients have tested positive for serum antibodies at 2 independent time points
   d. Patients must have active disease
   e. Patient does not have active lupus nephritis or central nervous system lupus
   f. Previous treatment courses of at least 12 weeks each with 2 or more of the following have been ineffective: chloroquine, hydroxychloroquine, methotrexate, azathioprine, cyclophosphamide OR mycophenolate mofetil, unless all are contraindicated or not tolerated
   g. Patient is currently receiving, and will continue to receive, a stable standard of care regimen. Standard of care treatment regimen comprised of any of the following drug classes, alone or in combination:
      i. Antimalarials
      ii. Corticosteroids
      iii. Non-biologic immunosuppressants
   h. Not to be used in combination with other biologics (ex Benlysta®)
   i. Trial and failure, contraindication, or intolerance to the preferred drugs as listed in BCBSM/BCN's medical utilization management drug list

B. Quantity Limitations, Authorization Period and Renewal Criteria
   a. Quantity Limits: Align with FDA recommended dosing
   b. Authorization Period: One year at a time
   c. Renewal Criteria: Clinical documentation must be provided to confirm that current criteria are met and that the medication is providing clinical benefit

***Note: Coverage and approval duration may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at http://www.cms.hhs.gov/. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Background Information

- 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. Efficacy has not been evaluated in patients with severe active lupus nephritis or severe active central nervous system lupus and use is not recommended in these situations.

- Use of Saphnelo also has not been studied in combination with other biologic therapies and is not recommended.

- Diagnosis of SLE was defined in the clinical trials by positive antinuclear antibody (ANA) titers (≥ 1:80), anti-double stranded DNA (dsDNA) antibodies, or anti-Smith (anti-Sm) antibodies upon study screening. The 2019 EULAR/ACR classification system for SLE allow ANA levels to be used as a qualifier for SLE, however, because ANA can elevate transiently and also be a marker for other diagnoses, a second confirmatory test must be done to confirm seropositivity. While other classification systems exist to define lupus, these systems do not ensure patients are seropositive as they only have to meet a certain number of criterion for diagnosis. Those criterion may or may not include positive tests for elevated ANA, anti-dsDNA titers, or anti-SM antibodies.

- Saphnelo was studied in three multicenter, randomized, double-blind, placebo-controlled studies, MUSE, TULIP-1, and TULIP-2. All trials included patients who had positive ANA titers, dsDNA antibodies, or anti-SM antibodies at the time of study screening. Patients were stable and maintained on standard therapy throughout the study. TULIP-1's primary endpoint was the difference between the proportion of patients who achieved an SLE responder index-4 (SRI-4) response at week 52 with 300 mg Saphnelo versus placebo. TULIP-2's primary endpoint was the reduction in disease activity as measured by the BILAG-Based Composite Lupus Assessment (BICLA) scale. MUSE's primary endpoint was the percentage of patients achieving a SRI-4 response at week 24 with sustained reduction of oral corticosteroids. The SRI4 is a composite index requiring a 4-point reduction in the SELENA–SLEDAI score, no worsening (increase from baseline) in the physician's global assessment (on a 0 – 10-cm visual analog scale), and no new British Isles Lupus Assessment Group (BILAG) A organ domain score or 2 new BILAG B organ domain scores at week 52 compared with baseline. The BICLA scale can register both partial and complete improvement within an organ system unlike the SRI-4 which requires complete resolution within a particular item to register change and cannot capture partial improvements. While TULIP-1 did not show statistically significant differences in the primary endpoint between the Saphnelo group and placebo, there were positive results seen in the secondary endpoints. Therefore, studies continued with TULIP-2 and MUSE both of who's primary endpoints showed statistical significance between treatment groups.

- The 2019 EULAR guidelines recommend use of hydroxychloroquine in all patients with the use of glucocorticoids to treat flares. The goal of therapy is for patients to get into remission or a state of low disease activity. If hydroxychloroquine use is still resulting in disease flare, use of immunosuppressants should be considered. The guidelines state Benlysta should be considered in patients who have failed hydroxychloroquine in combination with glucocorticoids and immunosuppressants. Guidelines have yet to be updated to include Saphnelo.

References:

1. Saphnelo [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; September 2022.
2. Morand EF, Furie R, Tanaka Y, et al. Trial of anifrolumab in active systemic lupus erythematosus. NEJM. 2020; 382 (3): 211 - 21.
3. Furie R, Morand EF, Bruce IN, et al. Type I interferon inhibitor anifrolumab in active systemic lupus erythematosus (TULIP-1): a randomised, controlled, phase 3 trial. Lancet Rheumatol. 2019; 1 (4): e208 - e219.
4. Furie R, Khamashta M, Merrill JT, et al. Anifrolumab, an anti–interferon-α receptor monoclonal antibody, in moderate-to-severe systemic lupus erythematosus. Arthritis Rheumatol. 2017; 69 (2): 376 - 86.
5. Tunnicliffe DJ, Singh-Grewal D, Kim S, at al. Diagnosis, monitoring, and treatment of systemic lupus erythematosus: a systematic review of clinical practice guidelines. 2015 Oct; 67 (10): 1440 – 52.
6. Aringer M, Costenbader K, Daikh D, et al. 2019 european league against rheumatism/american college of rheumatology classification criteria for systemic lupus erythematosus. Arthritis Rheumatol. 2019 Sept; 71 (9): 1400 – 12.
7. The American College of Rheumatology response criteria for systemic lupus erythematosus clinical trials: measures of overall disease activity. Arthritis Rheum 2004; 50 (11): 3418-3426.
8. Tunnicliffe DJ, Singh-Grewal D, Kim S, at al. Diagnosis, monitoring, and treatment of systemic lupus erythematosus: a systematic review of clinical practice guidelines. 2015 Oct; 67 (10): 1440 – 52.

<table>
<tr><th colspan="3">Policy History</th></tr>
<tr><th>#</th><th>Date</th><th>Change Description</th></tr>
<tr><td>1.4</td><td>Effective Date: 10/12/2023</td><td>Annual review of policy. No changes were made to the criteria</td></tr>
<tr><td>1.3</td><td>Effective Date: 10/06/2022</td><td>Annual review of policy. No changes were made to the criteria</td></tr>
<tr><td>1.2</td><td>Effective Date: 10/07/2021</td><td>New Policy</td></tr>
<tr><td>1.1</td><td>Effective Date: 09/16/2021</td><td>UM medical management system update for BCBS and BCN
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<tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr>
<tr><td>BCBS</td><td>Yes</td></tr>
<tr><td>BCN</td><td>Yes</td></tr>
<tr><td>MAPPO</td><td>Yes</td></tr>
<tr><td>BCNA</td><td>Yes</td></tr>
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** The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or http://dailymed.nlm.nih.gov/dailymed/index.cfm.*

Blue Cross Blue Shield/Blue Care Network of Michigan
Medication Authorization Request Form
Saphnelo™ (anifrolumab-fnia) HCPCS CODE: J0491

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This form is to be used by participating physicians to obtain coverage for Saphnelo™. For commercial members only, please complete this form and submit via fax to 877-325-5979. If you have any questions regarding this process, please contact BCBSM Provider Relations and Servicing or the Medical Drug Helpdesk at 1-800-437-3803 for assistance.

PATIENT INFORMATION	PHYSICIAN INFORMATION
Name	**Name**
ID Number	**Specialty**
D.O.B. ☐Male ☐Female	**Address**
Diagnosis	**City /State/Zip**
Drug Name	**Phone/Fax: P**: ( ) - **F**: ( ) -
Dose and Quantity	**NPI**
Directions	**Contact Person**
Date of Service(s)	**Contact Person Phone / Ext.**

STEP 1: DISEASE STATE INFORMATION

1. Is this request for: ☐ Initiation ☐ Continuation ***Date patient started therapy***: _____
2. Site of administration? ☐ Provider office/Home infusion ☐ Other: _____
   ☐ Hospital outpatient facility (go to #3) *Reason for Hospital Outpatient:* _____
3. Please specify location of administration if hospital outpatient infusion: _____
4. Please provide the NPI number for the place of administration: _____

5. **Initiation AND Continuation of therapy:**
   a. Please check the patient's diagnosis**:** ☐ Systemic lupus erythematosus (SLE) ☐ Other: _____
   b. Did the patient test positive for serum antibodies at 2 separate times?
      ☐ Yes, Positive test 1: _____ Date Drawn: _____
      Positive test 2:_____ Date Drawn: _____
      ☐ No, Please list alternative test used to confirm diagnosis AND how it confirms the diagnosis: _____
   c. Does the patient have active SLE?
      ☐ Yes, Please specify: _____ ☐ No
   d. Does the patient have active lupus nephritis? ☐ Yes ☐ No
   e. Does the patient have active central nervous system (CNS) lupus [for example: seizures, psychosis, stroke, cerebritis (infection of the brain)]?
      ☐ Yes ☐ No
   f. Which of the following medications has the patient previously been treated with for a course of at least 12 weeks and failed?
      ☐ Chloroquine ☐ Hydroxychloroquine ☐ Methotrexate ☐ Azathioprine ☐ Cyclophosphamide ☐ Mycophenolate mofetil ☐ None
      ☐ Other: _____
   g. Please select other medications the patient will be receiving while on Saphnelo:
      ☐ Antimalarials ☐ Corticosteroids ☐ Non-biologic immunosuppressives ☐ None ☐ Other: _____
   h. Will the patient be using Saphnelo in combination with other biologics (for example: Benlysta)?
      ☐ Yes ☐ No

6. **Continuation request:** (please answer above questions as well): **Saphnelo start date**: _____
   Have the patient's signs and symptoms improved while on Saphnelo?
   ☐ Yes
   ☐ No, Comment: _____
   ☐ Other: _____

Please add any other supporting medical information necessary for our review

Coverage will not be provided if the prescribing physician's signature and date are not reflected on this document.

☐ Request for expedited review: I certify that applying the standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function

Physician's Name **Physician Signature** **Date**

Step 2 Checklist	☐ Form Completely Filled Out ☐ Attached Chart Notes	☐ ANA titer ☐ Anti-dsDNA	☐ SELENA-SLEDAI/BILAG score ☐ Urine Analysis
Step 3 Submit	**By Fax: BCBSM Specialty Pharmacy Mailbox (877) 325-5979**		**By Mail: BCBSM Specialty Pharmacy Program P.O. Box 312320, Detroit, MI 48231-2320**