

Kaiser Foundation Health Plan of Washington
 Kaiser Foundation Health Plan of Washington Options, Inc.
 CONTRACT MANAGER NAME
 Provider Communications, RCB-C2W-02
 PO Box 34262, Seattle WA 98124-1262

MARCH 8, 2023

ANIFROLUMAB-FNIA (SAPHNELO) UPDATED PRIOR AUTHORIZATION CRITERIA

Dear Provider,

Anifrolumab-fnia (Saphnelo) is on the **non-Medicare** list of office-administered drugs requiring prior authorization. **Effective June 1, 2023**, the criteria for anifrolumab-fnia (Saphnelo) will be updated to include a quantity limit. This letter is a notification of the change in prior authorization criteria required before administering this medication under the medical benefit.

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) require prior authorization for a select group of injectable drugs that may be administered under the medical benefit in a physician’s office or by home infusion. These prior authorization reviews are intended to ensure consistent benefit adjudication as well as appropriate utilization in accordance with the Kaiser Permanente Pharmacy & Therapeutics Committee’s evidence-based criteria for coverage.

Prior Authorization Criteria for anifrolumab-fnia (Saphnelo) (changes are in bold):

DRUG NAME	COVERAGE CRITERIA
ANIFROLUMAB-FNIA	<p>Covered for patients who meet all of the following:</p> <ul style="list-style-type: none"> • Diagnosis of active systemic lupus erythematosus (SLE) • Documented failure, inadequate response, or intolerance to: <ul style="list-style-type: none"> ○ Methotrexate OR azathioprine OR mycophenolate AND ○ Hydroxychloroquine AND ○ Belimumab • Prescribed by or in consultation with a Rheumatologist • Patient is not using concurrently with belimumab • Patient does not have active central nervous system (CNS) lupus or active lupus nephritis. <p><u>Note:</u> Must be administered in a non-hospital setting. See site of care policy for criteria, reauthorization, and exceptions for new starts. (https://wa-provider.kaiserpermanente.org/static/pdf/provider/clinical-review/infusion-site-care-policy.pdf)</p> <p>Quantity Limit: 300 mg every 4 weeks</p>

Additional Information

A complete list of office-administered injectable drugs requiring prior authorization can be found on the Kaiser Permanente provider website at <https://wa-provider.kaiserpermanente.org/provider-manual/clinical-review/officeinject>.

To request prior authorization review, please use the Referral Request online form located on the Kaiser Permanente provider website at <https://wa-provider.kaiserpermanente.org/provider-manual/clinical-review/preservice>. You can also fax your request to the Review Services department toll-free at 1-888-282-2685.

Thank you for the care you provide to our members, your patients. If you have any questions about this process, please call Review Services at 1-800-289-1363, Monday through Friday from 8 a.m. to 5 p.m.

Sincerely,

A handwritten signature in black ink that reads "Peter Barkett MD". The signature is written in a cursive style with a large initial "P" and "B".

Peter Barkett, MD, Chair
Pharmacy & Therapeutics Committee