

Anifrolumab-fnia

Goal(s):

- Promote use that is consistent with medical evidence.

Length of Authorization:

- Up to 6 months

Requires PA:

- Anifrolumab-fnia physician administered and pharmacy claims

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD-10 code.	
2. Is this an FDA approved indication?	Yes: Go to #3	No: Pass to RPh. Deny; medical appropriateness
3. Does the patient have severe active central nervous system lupus or severe, active lupus nephritis?	Yes: Pass to RPh. Deny; medical appropriateness	No: Go to #4
4. Is this a request for continuation of therapy previously approved by fee-for-service (FFS)?	Yes: Go to Renewal Criteria	No: Go to #5
5. Is the patient currently on other biologic therapy?	Yes: Pass to RPh. Deny; medical appropriateness.	No: Go to #6
6. Is the drug being prescribed by or in consultation with a rheumatologist, nephrologist, or a provider with experience treating SLE?	Yes: Go to #7	No: Pass to RPh. Deny; medical appropriateness

Approval Criteria

<p>7. Does the patient have a baseline assessment of SLE disease activity available using one of the following functional assessment tools:</p> <ul style="list-style-type: none"> • SLE Index Score (SIS) • British Isles Lupus Assessment Group (BILAG) • Systemic Lupus Activity Measure (SLAM) • Systemic Lupus Erythematosus Disease Activity Score (SLEDAI or modified versions, e.g. SLEDAI-2K, SELENA-SLEDAI) • Physicians Global Assessment (PGA) • Systemic Lupus International Collaborating Clinic (SLICC) Damage Index 	<p>Yes: Go to #8 Document baseline assessment _____.</p>	<p>No: Pass to RPh. Deny; medical appropriateness</p>
<p>8. Is the patient currently taking ALL of the following or have a documented contraindication:</p> <ul style="list-style-type: none"> • Hydroxychloroquine • Glucocorticoids (e.g. prednisone) • Methotrexate OR Azathioprine OR Mycophenolate 	<p>Yes: Approve for 6 months.</p>	<p>No: Pass to RPh. Deny; medical appropriateness.</p>

Renewal Criteria

<p>1. Is the patient currently on other biologic therapy?</p>	<p>Yes: Pass to RPh. Deny; medical appropriateness.</p>	<p>No: Go to #2</p>
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Renewal Criteria

2. Has the patient's SLE disease activity improved or stabilized as assessed by one of the following functional assessment tools:

- SLE Index Score (SIS)
- British Isles Lupus Assessment Group (BILAG)
- Systemic Lupus Activity Measure (SLAM)
- Systemic Lupus Erythematosus Disease Activity Score (SLEDAI or modified versions, e.g. SLEDAI-2K, SELENA-SLEDAI)
- Physicians Global Assessment (PGA)
- Systemic Lupus International Collaborating Clinic (SLICC) Damage Index

Yes: Approve for 6 months.

No: Pass to RPh; Deny; medical appropriateness.