

Medical Coverage Guideline: 09-J4000-07, Anifrolumab-fnia (Saphnelo)

The prior Medical Coverage Guideline (MCG) for this therapy has been consolidated to a single MCG:

[09-J5000-51, Lupus](#)

A complete list of previous MCGs that have been consolidated is shown below.

Generic/Brand	MCG Number
Anifrolumab-fnia (Saphnelo)	09-J4000-07
Belimumab (Benlysta) Injection	09-J1000-35
Voclosporin (Lupkynis)	09-J3000-96