Date Effective: 9/2017
Reviewed: 9/2017, 12/2018, 11/2019, 9/2020, 01/2021, 4/2021, 01/2022 Pharmacy Scope (SQ): Medicaid Medical Scope (IV): Medicaid, Commercial, Medicare-Medicaid Plan (MMP)

BENLYSTA (belimumab)

POLICY

Initial Criteria:

Systemic Lupus Erythematosus (SLE)

- Patient is 5 years of age or older; **AND**
- Patient has a confirmed diagnosis of active SLE **AND**
- Patient has failed to respond adequately to at least two (2) standard therapies such as anti-malarials, corticosteroids, non-steroidal anti-inflammatory drugs, or immunosuppressives (excluding intravenous cyclophosphamide); **AND**
- Patient has one of the following:
    - Safety of Estrogen in Lupus National Assessment -Systemic Lupus Erythematosus Disease Activity Index (SELENA-SLEDAI) score of 6-12; **OR**
    - British Isles Lupus Assessment Group (BILAG) B organ domain score ≥2; **AND**
- Used in combination with standard therapy (e.g. anti-malarials, corticosteroids, nonsteroidal anti-inflammatory drugs, immunosuppressives); **AND**
- Patient must not have an active infection; **AND**
- Patient has not received a live vaccine within 30 days before starting or concurrently with Benlysta; **AND**
- Used in combination with standard therapy (e.g. anti-malarials, corticosteroids, nonsteroidal anti-inflammatory drugs, immunosuppressives); **AND**
- Will not be used in combination with Lupkynis (voclosporin); **AND**
- Patient does not have any of the following exclusion criteria:
    - Severe active central nervous system lupus
    - Individuals who are on other biologics

Lupus Nephritis

- Patient is at least 18 years of age; **AND**
- Patient has active lupus nephritis Class III, IV, or V as confirmed by renal biopsy; **AND**
- Patient has a confirmed diagnosis of active SLE; **AND**
- Patient has failed to respond adequately to standard therapies including corticosteroids; **AND** either cyclophosphamide or mycophenolate mofetil; **AND**
- Baseline measurement of one or more of the following is provided: urine protein:creatinine ratio (uPCR), estimated glomerular filtration rate (eGFR), or urine protein; **AND**
- Patient must not have an active infection; **AND**
- Patient has not received a live vaccine within 30 days before starting or concurrently with Benlysta; **AND**

- Will be used in combination with standard therapy (e.g., anti-malarials, corticosteroids, non-steroidal anti-inflammatory drugs, immunosuppressives); **AND**
- Will not be used in combination with Lupkynis (voclosporin); **AND**
- Patient does not have any of the following exclusion criteria:
    - Severe active central nervous system lupus
    - Individuals who are on other biologics; **AND**

Continuation of Therapy Criteria:

- Meets all initial criteria and is tolerating treatment; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: depression, suicidal thoughts, serious infections, signs or symptoms of progressive multifocal leukoencephalopathy (PML), malignancy, severe hypersensitivity reactions/anaphylaxis, serious infusion reactions, etc.; **AND**

SLE:

- Adequate documentation of disease stability and/or improvement as indicated by one or more of the following when compared to pre-treatment baseline:
    - Improvement in the SELENA-SLEDAI score of ≥4 points; **OR**
    - No new BILAG-A organ domain score or 2 new BILAG-B organ domain scores; **OR**
    - No worsening (<30-point point increase) in Physician's Global Assessment (PGA) score; **OR**
    - Seroconverted (negative) or had a 20% reduction in autoantibody level; **OR**

Lupus Nephritis:

- Adequate documentation of disease stability and/or improvement as indicated by one or more of the following when compared to pre-treatment baseline:
    - Urine protein:creatinine ratio (uPCR); **OR**
    - Estimated glomerular filtration rate (eGFR); **OR**
    - Urine protein

Coverage Durations:

- Initial coverage: 6 months
- Continuation of therapy coverage: 6 months

Pharmacy Quantity Limit and Dosing:

Benlysta 200mg/ml subcutaneous injection has a quantity limit of 4 injections per 28 days (daily dose of 0.143), with a post-limit loading dose for of 8 injections per 28 days (daily dose of 0.286) for a diagnosis of Lupus Nephritis only.

Indication	**Dose (subcutaneous)**
SLE	200mg once weekly
Lupus Nephritis	Loading dose: 400mg once weekly for 4 doses Maintenance dose: 200mg once weekly

Medical Quantity Limit and Dosing:

Indication	**Dose**	**Maximum dose (1 billable unit = 10 mg)**
SLE or Lupus Nephritis	Loading Dose: 10 mg/kg intravenously (by a healthcare provider) every 2 weeks x 3 doses (days 1, 15 and 29) Maintenance Dose: 10 mg/kg intravenously (by a healthcare provider) every 4 weeks	Loading Dose (on days 1, 15 and 29): 360 billable units per 29 days Maintenance Dose: 120 billable units per 28 days

The following HCPCS/CPT codes are:

HCPCS/CPT Code	**Description**
J0490	Injection, belimumab, 10mg

References:

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11. American College of Rheumatology Ad Hoc Committee on Systemic Lupus Erythematosus Guidelines. Guidelines for referral and management of systemic lupus erythematosus in adults. Arthritis Rheum. 1999;42(9):1785–1796.
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