Date Effective: 9/2017
Reviewed: 9/2017, 12/2018, 11/2019, 9/2020, 01/2021, 4/2021, 01/2022, 9/2022, 01/2023, 12/2023, 01/2024, 08/2024 Pharmacy Scope (SQ): Medicaid Medical Scope (IV): Medicaid, Commercial, Medicare-Medicaid Plan (MMP)

BENLYSTA (belimumab)
Intravenous

POLICY

Summary of Evidence

Clinical trials evaluating the efficacy and safety of Benlysta in patients with SLE have demonstrated its effectiveness as an adjunctive therapy. Key findings from pivotal trials, such as BLISS-52 and BLISS-76, have shown that Benlysta, in combination with standard therapy, significantly improves disease activity and reduces the risk of severe lupus flares compared to placebo. Benlysta met its primary endpoints in these trials, demonstrating a higher response rate, reduced disease activity, and a decreased requirement for corticosteroids. Adverse events associated with Benlysta are generally mild to moderate in severity and include infusion reactions, infections, and nausea.

Initial Criteria:

MMP members who have previously received this medication within the past 365 days are not subject to Step Therapy Requirements.

Systemic Lupus Erythematosus (SLE)

- Patient is 5 years of age or older*; **AND**
- Patient has documented diagnosis of active SLE **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**
- 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**
- 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**
- Will not be used in combination with Lupkynis (voclosporin) or Saphnelo (anifrolumab); **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 5 years of age or older*; **AND**
- Patient has active lupus nephritis Class III, IV, or V as confirmed by renal biopsy; **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**
- Used in combination with standard therapy (e.g., anti-malarials, corticosteroids, non-steroidal 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**
- Will not be used in combination with Lupkynis (voclosporin) or Saphnelo (anifrolumab); **AND**
- Patient does not have any of the following exclusion criteria:
    - Severe active central nervous system lupus
    - Individuals who are on other biologics; **AND**

*Benlysta 200mg/ml subcutaneous injection is only indicated for patients that are 5 years of age and older with active systemic lupus erythematosus and those 18 years of age and older with lupus nephritis.

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

Per §§ 42 CFR 422.101, this clinical medical policy only applies to INTEGRITY in the absence of National Coverage Determination (NCD) or Local Coverage Determination (LCD).

Policy Rationale:
Benlysta was reviewed by the Neighborhood Health Plan of Rhode Island Pharmacy & Therapeutics (P&T) Committee. Neighborhood adopted the following clinical coverage criteria to ensure that its members use Benlysta according to Food and Drug Administration (FDA) approved labeling and/or relevant clinical literature. Neighborhood worked with network prescribers and pharmacists to draft these criteria. These criteria will help ensure its members are using this drug for a medically accepted indication, while minimizing the risk for adverse effects and ensuring more cost-effective options are used first, if applicable and appropriate. For INTEGRITY (Medicare-Medicaid Plan) members, these coverage criteria will only apply in the absence of National Coverage Determination (NCD) or Local Coverage Determination (LCD) criteria. Neighborhood will give individual consideration to each request it reviews based on the information submitted by the prescriber and other information available to the plan.

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.
Benlysta 200mg/ml subcutaneous injection is only indicated for patients that are 5 years of age and older with active systemic lupus erythematosus and those 18 years of age and older with lupus.

Indication	**Dose (subcutaneous- Adults ONLY)**
Adults with SLE	200mg once weekly

Pediatric Patients with SLE weighing ≥ 40kg	200mg once weekly
Pediatric Patients with SLE weighing 15 kg to < 40 kg	200mg once every 2 weeks
Adults with 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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