Benlysta® (belimumab)
(Subcutaneous)

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I. Length of Authorization

Coverage will be provided for 12 months and may be renewed.

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC Unit]:

- 200 mg/mL single-dose syringe/autoinjector: 2 syringes/autoinjectors per week for 4 doses, then 1 syringe/autoinjector per week

B. Max Units (per dose and over time) [HCPCS Unit]:

Systemic Lupus Erythematosus (SLE)

- 200 mg weekly

Lupus Nephritis

- Loading dose: 400 mg weekly for 4 doses
- Maintenance dose: 200 mg weekly

III. Initial Approval Criteria [1]

- **The use of samples and free goods do not qualify as an established clinical response.**

- Patient is at least 18 years of age; **AND**

Universal Criteria [1]

- Patient must not have an active infection; **AND**
- Patient will not receive live vaccines during therapy or within 30 days prior to starting treatment; **AND**
- Will not be used in combination with voclosporin; **AND**
- Will not be used in combination with rituximab; **AND**

- Will be used in combination with standard therapy (e.g. anti-malarials, corticosteroids, non-steroidal anti-inflammatory drugs, immunosuppressives); **AND**
- Patient does not have severe active central nervous system lupus; **AND**

Systemic Lupus Erythematosus (SLE) † [1,9,11,12,17]

- Patient has a confirmed diagnosis of SLE with at least 4 diagnostic features (see list of diagnostic SLE criteria below)***** one of which must include a positive autoantibody test (e.g., anti-nuclear antibody [ANA] greater than laboratory reference range and/or anti-double-stranded DNA [anti-dsDNA] greater than 2 fold the laboratory reference range if tested by ELISA); **AND**
- Patient has failed to respond adequately to at least two (2) standard therapies such as anti-malarials, corticosteroids, non-steroidal anti-inflammatory drugs, 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
  - ≥2 British Isles Lupus Assessment Group (BILAG) B organ domain scores

Lupus Nephritis † [1,9,11,12,19]

- Patient has active lupus nephritis Class III, IV, or V as confirmed by renal biopsy; **AND**
- Patient has a confirmed diagnosis of SLE with at least 4 diagnostic features (see list of diagnostic SLE criteria below)***** one of which must include a positive autoantibody test (e.g., anti-nuclear antibody [ANA] greater than laboratory reference range and/or anti-double-stranded DNA [anti-dsDNA] greater than 2 fold the laboratory reference range if tested by ELISA); **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: urine protein:creatinine ratio (uPCR), estimated glomerular filtration rate (eGFR), or urine protein

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Φ Orphan Drug

***Systemic Lupus Erythematosus Diagnostic Criteria [11,12]**

Patient must have at least 4 out of 11 diagnostic SLE features:

1. Malar rash
2. Discoid rash
3. Photosensitivity
4. Oral ulcers
5. Nonerosive arthritis (involving 2 or more peripheral joints)
6. Pleuritis/pericarditis
   - Pleuritis - history of pleuritic pain or rubbing heard by a physician or evidence of pleural effusion
   - Pericarditis - documented by electrocardiogram or rubbing heard by a physician or evidence of pericardial effusion

7. Renal disorder
    - Persistent proteinuria > 0.5 grams/day or > 3+ on urine dipstick
    - Cellular casts (red cell, hemoglobin, granular, tubular, or mixed)
8. Seizures/psychosis
9. Hematologic disorder
    - Hemolytic anemia with reticulocytosis
    - Leukopenia < 4,000/mm^3 on ≥ 2 occasions
    - Lymphopenia < 1,500/mm^3 on ≥ 2 occasions
    - Thrombocytopenia < 100,000/mm^3 in the absence of offending drugs
10. Immunologic disorder
    - Presence of anti-Sm or antiphospholipid antibodies
    - Presence of anti-double-stranded DNA [anti-dsDNA] greater than 2 fold the laboratory reference range if tested by ELISA
11. Positive anti-nuclear antibody [ANA] greater than laboratory reference range

IV. Renewal Criteria [1]

Coverage can be renewed based on the following criteria:

- Patient continues to meet universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. in section III; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: depression, suicidal thoughts, serious infections, signs or symptoms of progressive multifocal leukoencephalopathy (PML), malignancy, severe hypersensitivity reactions/anaphylaxis, serious infusion-related reactions, etc.; **AND**

Systemic Lupus Erythematosus (SLE) [1,9,21]

- 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 (<0.30-point increase) in Physician's Global Assessment (PGA) score; **OR**
    - Seroconverted (negative)

Lupus Nephritis [1,19]

- 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

V. Dosage/Administration [1]

Indication	Dose

Systemic Lupus Erythematosus (SLE)	200 mg subcutaneously* once weekly • For ADULT patients transitioning from intravenous therapy, administer the first subcutaneous dose 1 to 4 weeks after the last IV dose.
Lupus Nephritis	400 mg (two 200 mg injections) subcutaneously* once weekly for 4 doses, then 200 mg once weekly thereafter • ADULT patients may transition from intravenous therapy to subcutaneous therapy any time after the patient completes the first 2 intravenous doses. Administer the first subcutaneous dose of 200 mg 1 to 2 weeks after the last IV dose.
**May be self-administered*	

VI. Billing Code/Availability Information

HCPCS Code:

- J3590 – Unclassified biologic (applicable to the subcutaneous formulation only)

NDC:

- Benlysta 200 mg/mL single-dose prefilled syringe/autoinjector: 49401-0088-xx

VII. References

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Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
M32.10	Systemic lupus erythematosus organ or system involvement unspecified
M32.11	Endocarditis in systemic lupus erythematosus
M32.12	Pericarditis in systemic lupus erythematosus
M32.13	Lung involvement in systemic lupus erythematosus
M32.14	Glomerular disease in systemic lupus erythematosus
M32.15	Tubulo-interstitial nephropathy in systemic lupus erythematosus
M32.19	Other organ or system involvement in systemic lupus erythematosus
M32.8	Other forms of systemic lupus erythematosus
M32.9	Systemic lupus erythematosus, unspecified

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
15	KY, OH	CGS Administrators, LLC