

PHARMACY POLICY STATEMENT North Carolina Marketplace

DRUG NAME	Benlysta (belimumab)
BILLING CODE	For medical - J0490 For Rx - must use valid NDC
BENEFIT TYPE	Medical (IV) or Pharmacy (subQ)
SITE OF SERVICE ALLOWED	Home/Office
STATUS	Prior Authorization Required

Benlysta is a B-lymphocyte stimulator (BLyS)-specific inhibitor indicated for the treatment of patients aged 5 years and older with active systemic lupus erythematosus (SLE) who are receiving standard therapy and for patients aged 5 years and older with active lupus nephritis who are receiving standard therapy. Benlysta is not recommended in patients with severe active central nervous system lupus.

Benlysta (belimumab) will be considered for coverage when the following criteria are met:

Systemic Lupus Erythematosus (SLE)

For **initial** authorization:

1. Member is 5 years of age or older; AND
2. Medication must be prescribed by or in consultation with a rheumatologist; AND
3. Member has active, autoantibody-positive SLE as confirmed by documentation of anti-nuclear antibody (ANA) titer $\geq 1:80$ or anti-double-stranded DNA (anti-dsDNA) ≥ 30 IU/mL; AND
4. Member has tried and failed all the following (unless contraindicated):
 - a) Hydroxychloroquine (or chloroquine), and
 - b) Corticosteroid, and
 - c) A non-steroid immunosuppressant (methotrexate, azathioprine, mycophenolate mofetil, cyclophosphamide) for at least 12 weeks; AND
5. Standard therapy will be continued with Benlysta; AND
6. Benlysta will not be used with other biologic therapies.
7. **Dosage allowed/Quantity limit:**
 IV (Adult or Pediatric): 10mg/kg every 2 weeks for 3 doses and every 4 weeks thereafter
 SubQ (Adult only): 200 mg once weekly [4 syringes per 28 days]

If all the above requirements are met, the medication will be approved for 6 months.

For **reauthorization**:

1. Chart notes must document reduced disease activity since starting Benlysta and/or
2. Documentation of reduction in corticosteroid use.

If all the above requirements are met, the medication will be approved for an additional 12 months.



Lupus Nephritis

For **initial** authorization:

1. Member is at least 5 years of age; AND
2. Medication must be prescribed by or in consultation with a nephrologist or rheumatologist; AND
3. Member has a diagnosis of lupus nephritis class III, IV, and/or V as confirmed by kidney biopsy; AND
4. Medication must be prescribed in combination with standard therapy such as mycophenolate mofetil (MMF) or cyclophosphamide; AND
5. Chart notes must document baseline eGFR and urine protein creatinine ratio (UPCR); AND
6. eGFR is at least 30 mL/min/1.73m²; AND
7. Member is not on dialysis and has not had a kidney transplant.
8. **Dosage allowed/Quantity limit:**
IV (adult or pediatric): 10mg/kg every 2 weeks for 3 doses and every 4 weeks thereafter
SubQ (adults only): 400 mg (as two 200 mg injections) once weekly for 4 doses, then 200 mg once weekly thereafter [limit of 8 syringes/28 days for the first fill, then 4 syringes/28 days going forward]

If all the above requirements are met, the medication will be approved for 6 months.

For **reauthorization**:

1. Member has a reduced UPCR from baseline (goal is 0.5 mg/mg or less); AND
2. eGFR is at least 60mL/min/1.73m² OR has stabilized (not declined).

If all the above requirements are met, the medication will be approved for an additional 12 months.

CareSource considers Benlysta (belimumab) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
10/18/2017	New policy for Benlysta created. Length of approval was increased, system involvement limitations were removed and improvement of SELENA-SLEDAI score was added in reauthorization.
07/28/2019	Age coverage expanded from adult population (18 years old and older) to pediatric population of 5 years old and older.
04/13/2021	Added criteria for new indication of lupus nephritis. SLE: Updated references and added current treatment guidelines. Removed the mandate for daily corticosteroid dependence and replaced with a general trial and failure of corticosteroid. Emphasized that a non-steroid immunosuppressive must also be tried first. Added “moderately active disease.” Removed IV cyclophosphamide restriction. Specified 4-point improvement or reduced steroid use for renewal and removed other renewal criteria.
08/19/2022	Transferred to new template. Updated age limit for lupus nephritis. SLE: Added reference. Added criterion 5 and 6. Removed SELENA-SLEDAI score.

References:

1. Benlysta [package insert]. Research Triangle Park, NC: GlaxoSmithKline LLC; 2022.
2. Furie R, Petri M, Zamani O, et al. A phase III, randomized, placebo-controlled study of belimumab, a monoclonal antibody that inhibits B lymphocyte stimulator, in patients with systemic lupus erythematosus. *Arthritis Rheum*. 2011; 63 (12): 3918 – 30.
3. Navarra SV, Guzman RM, Gallacher AE, et al. Efficacy and safety of belimumab in patients with active systemic lupus erythematosus: a randomized, placebo-controlled, phase 3 trial. *Lancet*. 2011; 26 (377): 721 – 31.
4. Wallace DJ, Sohl W, Furie RA, et al. A phase II, randomized, double-blind, placebo-controlled, dose-ranging study of belimumab in patients with active systemic lupus erythematosus. *Arthritis Rheum*. 2009; 61 (9): 1168 – 78.
5. American College of Rheumatology Ad Hoc Committee on Systemic Lupus Erythematosus Response Criteria. The American College of Rheumatology response criteria for systemic lupus erythematosus clinical trials: measures of overall disease activity. *Arthritis Rheum*. 2004; 50 (11): 3418 – 26.
6. Petri M. Disease activity assessment in SLE: do we have the right instruments? *Ann Rheum Dis*. 2007; 66 (suppl III):iii61 – iii64.
7. ClinicalTrials.gov. Identifier: NCT01649765. Pediatric Lupus Trial of Belimumab Plus Background Standard Therapy (PLUTO). Available at: <https://clinicaltrials.gov/ct2/show/NCT01649765?term=01649765&rank=1>.
8. Hahn BH, McMahon MA, Wilkinson A, et al. American College of Rheumatology guidelines for screening, treatment, and management of lupus nephritis. *Arthritis Care Res (Hoboken)*. 2012;64(6):797-808. doi:10.1002/acr.21664
9. Fanouriakis A, Kostopoulou M, Cheema K, et al. 2019 Update of the Joint European League Against Rheumatism and European Renal Association-European Dialysis and Transplant Association (EULAR/ERA-EDTA) recommendations for the management of lupus nephritis. *Ann Rheum Dis*. 2020;79(6):713-723. doi:10.1136/annrheumdis-2020-216924
10. Tice JA, Mandrik O, Thokala P, Fotheringham J, Agboola F, HerronSmith S, Chapman R, Pearson SD. Voclosporin and Belimumab for Lupus Nephritis: Effectiveness and Value; Evidence Report. Institute for Clinical and Economic Review, March 12, 2021. https://icer.org/wp-content/uploads/2020/11/ICER_Lupus-Nephritis_Evidence-Report_031221.pdf
11. Furie R, Rovin BH, Houssiau F, et al. Two-Year, Randomized, Controlled Trial of Belimumab in Lupus Nephritis. *N Engl J Med*. 2020;383(12):1117-1128. doi:10.1056/NEJMoa2001180
12. Rovin BH, Caster DJ, Cattran DC, et al. Management and treatment of glomerular diseases (part 2): conclusions from a Kidney Disease: Improving Global Outcomes (KDIGO) Controversies Conference. *Kidney Int*. 2019;95(2):281-295. doi:10.1016/j.kint.2018.11.008
13. Fanouriakis A, Kostopoulou M, Alunno A, et al. 2019 update of the EULAR recommendations for the management of systemic lupus erythematosus. *Ann Rheum Dis*. 2019;78(6):736-745. doi:10.1136/annrheumdis-2019-215089
14. Blair HA, Duggan ST. Belimumab: A Review in Systemic Lupus Erythematosus. *Drugs*. 2018;78(3):355-366. doi:10.1007/s40265-018-0872-z
15. Belimumab for treating active autoantibody-positive systemic lupus erythematosus. NICE guidance. <https://www.nice.org.uk/guidance/ta397>. Published June 22, 2016. Accessed April 21, 2021.
16. Aringer M, Costenbader K, Daikh D, et al. 2019 European League Against Rheumatism/American College of Rheumatology Classification Criteria for Systemic Lupus Erythematosus. *Arthritis Rheumatol*. 2019;71(9):1400-1412. doi:10.1002/art.40930
17. Kleinmann JF, Tubach F, Le Guern V, et al. International and multidisciplinary expert recommendations for the use of biologics in systemic lupus erythematosus. *Autoimmun Rev*. 2017;16(6):650-657. doi:10.1016/j.autrev.2017.04.011
18. Collins CE, Cortes-Hernández J, Garcia MA, et al. Real-World Effectiveness of Belimumab in the Treatment of Systemic Lupus Erythematosus: Pooled Analysis of Multi-Country Data from the OBSERVE Studies. *Rheumatol Ther*. 2020;7(4):949-965. doi:10.1007/s40744-020-00243-2
19. Singh JA, Shah NP, Mudano AS. Belimumab for systemic lupus erythematosus. *Cochrane Database Syst Rev*. 2021;2:CD010668. Published 2021 Feb 25. doi:10.1002/14651858.CD010668.pub2



20. Gordon C, Amissah-Arthur MB, Gayed M, et al. The British Society for Rheumatology guideline for the management of systemic lupus erythematosus in adults. *Rheumatology (Oxford)*. 2018;57(1):e1-e45. doi:10.1093/rheumatology/kex286
21. Fanouriakis A, Tziolos N, Bertsias G, Boumpas DT. Update on the diagnosis and management of systemic lupus erythematosus. *Ann Rheum Dis*. 2021;80(1):14-25. doi:10.1136/annrheumdis-2020-218272

Effective date: 01/01/2023

Revised date: 08/19/2022