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Medical benefit drug policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and therefore subject to change.

P&T Date: 06/11/2026

Benlysta[®] (belimumab)

HCPCS: J0490

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

- A. Coverage of the requested drug is provided when all the following are met:
 - a. FDA approved indication
 - b. FDA approved age
 - c. Patients have tested positive for serum antibodies at 2 independent time points
 - d. Patients must have active disease
 - e. If the patient has lupus nephritis ONLY and no other symptoms of system lupus erythematosus (SLE):
 - i. Must have active disease of the kidney confirmed on biopsy
 - f. Patient does not have active central nervous system lupus
 - g. Previous treatment courses of at least 12 weeks each with 2 or more of the following have been ineffective: chloroquine, hydroxychloroquine, methotrexate, azathioprine, cyclophosphamide, OR mycophenolate mofetil, unless all are contraindicated or not tolerated
 - h. Patient is currently receiving and will continue to receive a stable standard of care regimen. Standard of care treatment regimen comprised of any of the following drug classes, alone or in combination:
 - i. Antimalarials
 - ii. Corticosteroids
 - iii. Non-biologic immunosuppressants
 - i. Not to be used in combination with other biologics (ex. Humira[®])
 - j. Trial and failure, contraindication, or intolerance to the preferred drugs as listed in BCBSM/BCN's prior authorization and step therapy documents or BCBSM/BCN's medical utilization management drug list
- B. Quantity Limitations, Authorization Period and Renewal Criteria
 - a. Quantity Limits: Align with FDA recommended dosing
 - b. Initial Authorization Period: 6 months
 - c. Renewal Authorization Period: 1 year
 - d. Renewal Criteria: Clinical documentation must be provided to confirm that current criteria are met and that the medication is providing clinical benefit

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***Note: Coverage and approval duration may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at <http://www.cms.hhs.gov/>. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Background Information:

- Benlysta is indicated for the treatment of patients aged 5 years and older with active, autoantibody-positive, systemic lupus erythematosus (SLE) who are receiving standard therapy and adult patients with active lupus nephritis who are receiving standard therapy.
- The efficacy of Benlysta has not been evaluated in patients with severe active central nervous system lupus. Severe active central nervous system lupus was defined as seizures, psychosis, organic brain syndrome, cerebrovascular accident, cerebritis, or CNS vasculitis requiring therapeutic intervention within the previous 60 days before initiation of Benlysta in the clinical trials. Use of Benlysta in patients with this condition is not recommended.
- Use of Benlysta also has not been studied in combination with other biologics and is not recommended.
- Seropositivity was defined in the clinical trials by 2 positive ANA titers ($\geq 1:80$) or anti-dsDNA antibodies (≥ 30 IU/mL) on different days. The 2019 EULAR/ACR classification system for SLE allow ANA levels to be used as a qualifier for SLE, however, because ANA can elevate transiently and also be a marker for other diagnoses, a second confirmatory test must be done to confirm seropositivity. While other classification systems exist to define lupus, these systems do not ensure patients are seropositive as they only have to meet a certain number of criterion for diagnosis. Those criterion may or may not include positive tests for elevated ANA or anti-dsDNA titers.
- Both the intravenous and subcutaneous formulation of Benlysta were studied in phase III, multicenter, randomized, placebo-controlled trials of patients with active, autoantibody-positive SLE. The intravenous formulations were assessed in the BLISS-76 and BLISS-52 trials and the subcutaneous formulation in the BLISS-SC trial. All trials included seropositive patients who were stable and maintained on standard therapy throughout the study. People with severe lupus nephritis or severe CNS lupus were excluded. Subjects were required to have a SELENA-SLEDAI score greater than 6 in the intravenous trials and greater than 8 in the subcutaneous trials. All studies primary endpoints were the SLE Responder Index (SRI4) response rate at week 52. The SRI4 is a composite index requiring a 4-point reduction in the SELENA-SLEDAI score, no worsening (increase from baseline) in the physician's global assessment (on a 0 – 10-cm visual analog scale), and no new British Isles Lupus Assessment Group (BILAG) A organ domain score or 2 new BILAG B organ domain scores at week 52 compared with baseline. In all studies, the Benlysta treatment arms showed statistical significance versus placebo for the primary endpoint.
- The use of Benlysta in patients with active lupus nephritis was studied in the BLISS-LN trial, a phase III, multinational, multicenter, randomized, double-blind, placebo-controlled study of 448 patients. The trial included seropositive patients who were stable and maintained on standard therapy throughout the study. Patients had biopsy proven lupus nephritis showing active lesions prior to study entry. Patients with a GFR of less than 30 ml/min/1.73 m² of body surface area (BSA) were excluded. The study met its primary endpoint demonstrating that a statistically significant greater number of patients achieved primary efficacy renal response (PERR) at 104 weeks when treated with Benlysta plus standard therapy compared to placebo plus standard therapy (43% vs 32%, odds ratio (95% CI) 1.55 (1.04, 2.32), p-value = 0.0311). Statistical significance compared to placebo across all four major secondary endpoints was achieved, including complete renal response and time to renal-related event or death. The safety results are consistent with the known safety profile of Benlysta.

- The 2025 EULAR guidelines recommend kidney biopsy for SLE patients showing any sign of kidney involvement including glomerular hematuria and/or cellular casts, proteinuria greater than 0.5 g/24 hours, spot urine protein-to-creatinine ratio (UPCR) greater than 500 mg/g, or unexplained decrease in glomerular filtration rate. The 2003 International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification still represents the gold standard for assessment of kidney biopsy in LN. Patients with class III focal lupus nephritis, class IV diffuse lupus nephritis with or without coexisting class V membranous lupus nephritis, or pure class V lupus nephritis were included in the BLISS-LN trial.
- The 2020 EULAR guidelines recommend use of hydroxychloroquine in all patients with the use of glucocorticoids to treat flares. The goal of therapy is for patients to get into remission or a state of low disease activity. If hydroxychloroquine use is still resulting in disease flare, use of immunosuppressants should be considered. The guidelines state Benlysta should be considered in patients who have failed hydroxychloroquine in combination with glucocorticoids and immunosuppressants.

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Policy History												
#	Date	Change Description										
2.5	Effective Date: 06/11/2026	Annual review of criteria was performed, no changes were made										
2.4	Effective Date: 06/05/2025	Annual review of criteria was performed, no changes were made										
2.3	Effective Date: 06/06/2024	Annual review of criteria was performed, no changes were made										
2.2	Effective Date: 06/08/2023	Annual review of criteria was performed, no changes were made										
2.1	Effective Date: 06/09/2022	Annual review of criteria was performed, no changes were made										
2.0	Effective Date: 06/10/2021	Updated to remove not to be used with cyclophosphamide										
1.9	Effective Date: 02/04/2021	Updated to add new indication for use in lupus nephritis										
1.8	Effective Date: 06/11/2020	Updated policy to not allow use with other biologic medications and add the trial and failure of preferred products statement										
1.7	Effective Date: 06/06/2019	Updated for new FDA approved age requirements										
1.6	Effective Date: 02/14/2019	Annual review of criteria was performed, no changes were made										
1.5	Effective Date: 02/08/2018	Added SQ formulation										
1.4	Effective Date: 07/05/2017	UM medical management system update for MAPPO and BCNA <table><tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr><tr><td>BCBS</td><td>Yes</td></tr><tr><td>BCN</td><td>Yes</td></tr><tr><td>MAPPO</td><td>Yes</td></tr><tr><td>BCNA</td><td>Yes</td></tr></table>	Line of Business	PA Required in Medical Management System (Yes/No)	BCBS	Yes	BCN	Yes	MAPPO	Yes	BCNA	Yes
Line of Business	PA Required in Medical Management System (Yes/No)											
BCBS	Yes											
BCN	Yes											
MAPPO	Yes											
BCNA	Yes											
1.3	Effective Date: 05/04/2017	Updated Medicare disclaimer										
1.2	Effective Date: 08/11/2016	Annual review of criteria was performed, no changes were made										

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1.1	Effective Date: 01/22/2013	UM medical management system update for BCBSM and BCN	<table><tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr><tr><td>BCBS</td><td>Yes</td></tr><tr><td>BCN</td><td>Yes</td></tr><tr><td>MAPPO</td><td>No</td></tr><tr><td>BCNA</td><td>No</td></tr></table>	Line of Business	PA Required in Medical Management System (Yes/No)	BCBS	Yes	BCN	Yes	MAPPO	No	BCNA	No
Line of Business	PA Required in Medical Management System (Yes/No)												
BCBS	Yes												
BCN	Yes												
MAPPO	No												
BCNA	No												
1.0	Effective Date: 05/10/2012	New Policy											

** The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or <http://dailymed.nlm.nih.gov/dailymed/index.cfm>*

Medication Authorization Request Form

Benlysta® (Belimumab) HCPCS CODE: J0490

This form is to be used by participating physicians to obtain coverage for Benlysta®. For commercial members only, please complete this form and submit via fax to 877-325-5979. If you have any questions regarding this process, please contact BCBSM Provider Relations and Servicing or the Medical Drug Helpdesk at 1-800-437-3803 for assistance.

PATIENT INFORMATION	PHYSICIAN INFORMATION
Name	Name
ID Number	Specialty
D.O.B. ☐ Male ☐ Female	Address
Diagnosis	City /State/Zip
Drug Name	Phone/Fax: P: () - F: () -
Dose and Quantity	NPI
Directions	Contact Person
Date of Service(s)	Contact Person Phone / Ext.

STEP 1: DISEASE STATE INFORMATION

1. Is this request for: ☐ Initiation ☐ Continuation **Date patient started therapy:** _____
2. How is this medication being administered? ☐ Self-administered **(Please fax this completed form to BCBSM at (866) 601-4425)**
☐ Health Care Professional administered **(Continue to #3)**
3. Site of administration? ☐ Provider office/Home infusion ☐ Other: _____
☐ Hospital outpatient facility (go to #4) **Reason for Hospital Outpatient:** _____
4. **Please specify location of administration if hospital outpatient infusion:** _____
5. **Please provide the NPI number for the place of administration:** _____
6. **Initiation AND Continuation of therapy:**
 - a. Please check the patient's diagnosis: ☐ Systemic lupus erythematosus ☐ Active lupus nephritis ☐ Other: _____
 - b. Did the patient test positive for serum antibodies at 2 separate times?
☐ Yes, Positive test 1: _____ Date Drawn: _____
Positive test 2: _____ Date Drawn: _____
☐ No, Please list alternative test used to confirm diagnosis AND how it confirms the diagnosis: _____
 - c. Does the patient have active disease?
☐ Yes, Please specify: _____ ☐ No
 - d. Does the patient have lupus nephritis only with no other symptoms of systemic lupus erythematosus? ☐ Yes ☐ No
If Yes, Please provide biopsy results confirming active kidney disease: _____
 - e. Does the patient have active central nervous system lupus [for example: seizures, psychosis, stroke, cerebritis (infection of the brain)]?
☐ Yes ☐ No
 - f. Which of the following medications has the patient previously been treated with for a course of at least 12 weeks and failed?
☐ Chloroquine ☐ Hydroxychloroquine ☐ Methotrexate ☐ Azathioprine ☐ Cyclophosphamide ☐ Mycophenolate mofetil ☐ None
☐ Other: _____
 - g. Please select other medications the patient will be receiving while on Benlysta:
☐ Antimalarials ☐ Corticosteroids ☐ Non-biologic immunosuppressives ☐ None ☐ Other: _____
 - h. Will the patient be using Benlysta in combination with other biologics (for example: Humira)?
☐ Yes ☐ No
7. **Continuation request:** (please answer above questions as well): **Benlysta start date:** _____
Does the patient have improvement of disease while on therapy?
☐ Yes
☐ No
☐ Other: _____

Please add any other supporting medical information necessary for our review

Coverage will not be provided if the prescribing physician's signature and date are not reflected on this document.

☐ Request for expedited review: I certify that applying the standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function

Physician's Name	Physician Signature	Date
Step 2 Checklist ☐ Form Completely Filled Out ☐ Attached Chart Notes	☐ ANA titer ☐ Anti-dsDNA	☐ SELENA-SLEDAI/BILAG score ☐ Urine Analysis
Step 3 Submit	By Fax: BCBSM Specialty Pharmacy Mailbox (877) 325-5979	
	By Mail: BCBSM Specialty Pharmacy Program P.O. Box 312320, Detroit, MI 48231-2320	

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1/28/2016; 8/11/2017; 12/5/2017; 10/11/2018; 1/31/2020; 3/17/2020; 7/1/2020; 2/4/2021