Medical Policy

BlueCross BlueShield of Kansas
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Title: Benlysta® (belimumab)

- **Prime Therapeutics will review Prior Authorization requests.**

  Prior Authorization Form:
  https://www.bcbsks.com/CustomerService/Forms/pdf/PriorAuth-Benlysta.pdf

  Link to Drug List (Formulary):
  https://www.bcbsks.com/drugs/

Professional
Original Effective Date: July 1, 2011
Revision Date(s): January 1, 2012; September 5, 2016; November 1, 2017; June 15, 2018
Current Effective Date: June 15, 2018

Institutional
Original Effective Date: February 1, 2012
Revision Date(s): February 1, 2012, September 5, 2016; November 1, 2017; June 15, 2018
Current Effective Date: June 15, 2018

DESCRIPTION

The intent of the Benlysta (belimumab) Prior Authorization (PA) program with Quantity Limit is to ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines and according to dosing recommended product labeling. The PA program will consider belimumab appropriate for adult patients with active and/or anti-dsDNA positive, systemic lupus erythematosus (SLE) who are receiving the standard of care therapy. The PA criteria will not approve belimumab for

patients with the following: severe active lupus nephritis or severe active central nervous system lupus or current therapy with other biologic agents or intravenous cyclophosphamide. Previous inadequate response to two standard SLE treatment is required. The initial criteria will also allow for a patient who has any FDA approved diagnosis that is not already addressed in the criteria set with a requested dosage that is within FDA limits. Renewal criteria will have similar requirements to initial criteria with the exception that the patient will have to have improvement or stabilization in at least one SLE diagnostic criterion. The dose of belimumab will be limited to the FDA labeled dosage intravenous administration and the set program quantity limit for subcutaneous administration.

Target Agent

- **Benlysta®** (belimumab)

FDA Approved Indications and Dosage[1]

Agent	Indication*	Dosage
Benlysta® (belimumab)	Treatment of adult patients with active, autoantibody positive, systemic lupus erythematosus who are receiving standard therapy	Intravenous administration: 10 mg/kg at 2-week intervals for the first 3 doses and at 4-week intervals thereafter Subcutaneous administration: 200 mg once weekly

* Limitation of use: efficacy has not been evaluated in patients with severe active lupus nephritis or severe active central nervous system lupus. It has not been studied in combination with other biologics or intravenous cyclophosphamide so is not recommended in these situations.

POLICY

Prior Authorization and Quantity Limit Criteria for Approval

Initial Evaluation

Benlysta® (belimumab) will be approved when ALL of the following are met:

1. ONE of the following:
   A. There is documentation that the patient is currently being treated with the requested agent within the past 90 days
   OR
   B. The prescriber states that the patient is currently being treated with the requested agent within the past 90 days AND is at risk if therapy is changed
   OR
   C. The patient has a diagnosis of active systemic lupus erythematosus (SLE) disease AND ALL of the following:
      i. The patient is 18 years of age or over
      AND

ii. The patient has a history of a positive antinuclear antibody (ANA) and/or positive anti-dsDNA results
AND
iii. The patient has a history of 3 other SLE diagnostic criteria (i.e. malar rash, discoid rash, photosensitivity, oral ulcers, nonerosive arthritis, serositis (e.g. pleuritis/pericarditis), renal disorder [e.g. persistent proteinuria >0.5 grams/day or cellular casts], hematologic disorder [e.g. hemolytic anemia (with reticulocytosis), leukopenia, lymphopenia, or thrombocytopenia], and/or immunologic disorder (e.g. positive finding of antiphospholipid antibodies or anti-Sm antibodies)
AND
iv. ONE of the following:
a. BOTH of the following:
1) The patient has had inadequate response to TWO of the following: corticosteroids, antimalarials (hydroxychloroquine, chloroquine), nonsteroidal anti-inflammatory drugs (NSAIDS), aspirin, and/or immunosuppressives (azathioprine, methotrexate, cyclosporine, oral cyclophosphamide, or mycophenolate)
AND
2) The patient is currently on ONE of the following: corticosteroids, antimalarials (hydroxychloroquine, chloroquine), nonsteroidal anti-inflammatory drugs (NSAIDS), aspirin, and/or immunosuppressives (azathioprine, methotrexate, cyclosporine, oral cyclophosphamide, or mycophenolate) within the past 90 days
OR
b. The patient has a documented intolerance, FDA labeled contraindication, or hypersensitivity to ALL the standard of care drug classes listed above

OR

D. The patient has another FDA labeled diagnosis

AND

2. The patient does NOT have severe active lupus nephritis [proteinuria >6 g/24 hour or equivalent or serum creatinine >2.5 mg/dL OR required hemodialysis or high-dose prednisone >100 mg/day]
AND
3. The patient does NOT have severe active central nervous system lupus [e.g. seizures, psychosis, organic brain syndrome, cerebrovascular accident, cerebritis, CNS vasculitis requiring therapeutic intervention]
AND

4. ONE of the following:
   A. The patient is NOT currently being treated with another biologic agent OR intravenous cyclophosphamide within the past 30 days
      OR
   B. The patient is currently being treated with another biologic agent or intravenous cyclophosphamide within the past 30 days AND will discontinue prior to starting the requested agent

   AND
5. The patient does NOT have any FDA labeled contraindications to the requested agent

   AND
6. ONE of the following:
   A. The requested dosage form is intravenous administration AND the requested dose is within the FDA labeled dosing
      OR
   B. The requested dosage form is subcutaneous administration AND ONE of the following:
      i. The requested quantity (dose) is NOT greater than the program quantity limit
         OR
      ii. ALL of the following:
         a. The requested quantity (dose) is greater than the program quantity limit
            AND
         b. The requested quantity (dose) is less than or equal to the FDA labeled dose
            AND
         c. The requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does not exceed the limit

         OR
      iii. ALL of the following:
         a. The requested quantity (dose) is greater than the program quantity limit
            AND
         b. The requested quantity (dose) is greater than the FDA labeled dose
            AND
         c. The prescriber has submitted documentation in support of therapy with a higher dose for the intended diagnosis (must be reviewed by the Clinical Review pharmacist)

Length of Approval: 12 months

Renewal Evaluation

Benlysta® (belimumab) will be approved when ALL of the following are met:

1. The patient has been previously approved for the requested agent through the Prime Therapeutics PA process

   AND

2. ONE of the following:
   A. The patient is currently on ONE of the following: corticosteroids, antimalarials (hydroxychloroquine, chloroquine), nonsteroidal anti-inflammatory drugs (NSAIDS), aspirin, and/or immunosuppressives (azathioprine, methotrexate, cyclosporine, oral cyclophosphamide, or mycophenolate) within the past 90 days

      OR

   B. The patient has a documented intolerance, FDA labeled contraindication, or hypersensitivity to ALL the standard of care drug classes listed above

   AND

3. The patient has had a decrease in symptoms or stabilization in at least ONE SLE diagnostic criteria (e.g. serositis, oral ulcers, arthritis, photosensitivity, blood disorders, renal involvement, antinuclear antibodies, immunologic phenomena, neurologic disorder, malar rash, discoid rash)

   AND

4. The patient does NOT have severe active lupus nephritis [proteinuria >6 g/24 hour or equivalent or serum creatinine >2.5 mg/dL OR required hemodialysis or high-dose prednisone >100 mg/day]

   AND

5. The patient does NOT have severe active central nervous system lupus [e.g. seizures, psychosis, organic brain syndrome, cerebrovascular accident, cerebritis, CNS vasculitis requiring therapeutic intervention]

   AND

6. ONE of the following:
   A. The patient is NOT currently being treated with another biologic agent OR intravenous cyclophosphamide within the past 30 days

      OR

   B. The patient is currently being treated with another biologic agent or intravenous cyclophosphamide within the past 30 days AND will discontinue prior to starting the requested agent

   AND

7. The patient does NOT have any FDA labeled contraindications to the requested agent

   AND

8. ONE of the following:
   A. The requested dosage form is for intravenous administration AND the requested dose is within the FDA labeled dosing

      OR

B. The requested dosage form is for subcutaneous administration AND ONE of the following:
   i. The requested quantity (dose) is NOT greater than the program quantity limit
   OR
   ii. ALL of the following:
      a. The requested quantity (dose) is greater than the program quantity limit
      AND
      b. The requested quantity (dose) is less than or equal to the FDA labeled dose
      AND
      c. The requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does not exceed the limit
   OR
   iii. ALL of the following:
      a. The requested quantity (dose) is greater than the program quantity limit
      AND
      b. The requested quantity (dose) is greater than the FDA labeled dose
      AND
      c. The prescriber has submitted documentation in support of therapy with a higher dose for the intended diagnosis (must be reviewed by the Clinical Review pharmacist)

Length of Approval: 12 months

Brand (generic)	Quantity Limit
Benlysta (belimumab)	
120 mg vial	N/A
400 mg vial	N/A
200 mg/mL autoinjector	4 prefilled autoinjectors/ 28 days
200 mg/mL prefilled syringe	4 prefilled syringes/ 28 days

Agent	Contraindication(s)
Benlysta (belimumab)	Previous anaphylaxis to Benlysta (belimumab)

Biologic Agents Not Allowed as Concomitant Therapy	
Actemra (tocilizumab)	**Renflexis** (infliximab-abda)
Arcalyst (rilonacept)	**Rituxan** (rituximab)
Cimzia (certolizumab)	**Rituxan** Hycela (rituximab/hyaluronidase human)
Cosentyx (secukinumab)	**Siliq** (brodalumab)
Enbrel (etanercept)	**Simponi** (golimumab)
Entyvio (vedolizumab)	**Simponi ARIA** (golimumab)
Humira (adalimumab)	**Stelara** (ustekinumab)
Ilaris (canakinumab)	**Taltz** (ixekizumab)
Inflectra (infliximab-dyyb)	**Tremfya** (quselkumab)
Kevzera (sarilumab)	**Tysabri** (natalizumab)
Kineret (anakinra)	**Xeljanz** (tofacitinib)
Orencia (abatacept)	**Xeljanz XR** (tofacitinib extended release)
Remicade (infliximab)	

RATIONALE

Systemic Lupus Erythematosus (SLE)

Systemic Lupus Erythematosus (SLE) is a chronic inflammatory autoimmune disease of unknown cause.[3] It has a broad range of clinical and serological manifestations and can affect any organ. Clinical symptoms of SLE include fatigue, fever, myalgia, changes in weight, skin and mucus membrane lesions and ulcers, and vascular disease. SLE can also include, cardiac, renal, pulmonary, and neurologic involvement. Due to its multisystem involvement and likelihood of changes in presentation, the diagnosis of SLE may be difficult.[3]

The American College of Rheumatology published criteria to aid in diagnosing patients with SLE. The criteria requires the patient has, at any time in his or her medical history, at least four of the following diagnostic criteria: malar rash, discoid rash, photosensitivity, oral ulcers, nonerosive arthritis, serositis (e.g. pleuritis/pericarditis), renal disorder [e.g. persistent proteinuria >0.5 grams/day or cellular casts], hematologic disorder [e.g. hemolytic anemia (with reticulocytosis), leukopenia, lymphopenia, or thrombocytopenia], and/or immunologic disorder (e.g. positive finding of antiphospholipid antibodies or anti-Sm antibodies).[3,9]

In the 2012 revised American College of Rheumatology (ACR) SLE classification criteria, a person is classified as having SLE in the presence of biopsy-proven lupus nephritis with antinuclear antibodies (ANA) or anti-dsDNA antibodies or if 4 of the ACR diagnostic criteria, including at least 1 clinical and 1 immunologic criterion have been established.[4] When SLE is suspected standard laboratory evaluations include CBC with differential, serum creatinine, and urinalysis with microscopy.[3,9]

Management of SLE depends on the organ system involved. Nonspecific symptomatic treatments such as nonsteroidal anti-inflammatory drugs (NSAIDs), salicylates, and topical therapies may be used initially in SLE patients. Additional conventional SLE therapies include antimalarial drugs, such as hydroxychloroquine and quinacrine, and many nonspecific immunosuppressive medications, such as glucocorticoids, azathioprine, methotrexate, mycophenolate mofetil, and cyclophosphamide.[3,9] The American Academy of Family Physicians (AAFP) recommends belimumab to be used after other therapies have been tried, including systemic glucocorticoids, hydroxychloroquine, azathioprine, mycophenolate, and methotrexate. AAFP recommends

hydroxychloroquine as the as the cornerstone of treatment to reduce disease flares and other constitutional symptoms. Low-dose glucocorticoids can be also used to treat most manifestations.[9]

Safety and Efficacy

The safety and efficacy of belimumab was evaluated in two randomized, double blind, placebo-controlled, phase III studies involving patients age 18 and older with SLE (BLISS-52 and BLISS-76 study). The design of these studies was based on the results of a phase II study which identified that patients who were autoantibody-positive had a better response to belimumab. As a result, BLISS-52 and BLISS-76 limited the study population to only include autoantibody-positive SLE patients. Patients were on a standard of care SLE treatment regimen comprising of at least one of the following: corticosteroids, antimalarials, nonsteroidal anti-inflammatory drugs (NSAIDS), and/or immunosuppressives (azathioprine, methotrexate, or mycophenolate).[6] Patients with severe active lupus nephritis and severe central nervous system (CNS) lupus were excluded. Patients using other biologics including B-cell targeted therapies such as rituximab or intravenous cyclophosphamide in the previous six months were also excluded.[6]

BLISS-52 (N=865) and BLISS-76 (N=826) had similar designs with the exception of duration. BLISS-76 was 76 weeks in duration and BLISS-52 was 52 weeks in length. Eligible patients had active SLE disease which was defined as a Safety of Estrogen in Lupus Erythematosus National Assessment-SLE Disease Activity Index (SELENA-SLEDAI) score >6. Patients were randomly assigned to receive belimumab 1 mg/kg, 10 mg/kg, or placebo in addition to standard of care. The study medication was administered on Days 0, 14, 28, and then every 28 days for 48 weeks in BLISS-52 and 72 weeks in BLISS-76.[1]

The primary endpoint was a SLE Responder Index (SRI) that defined response as meeting the following criteria at Week 52 compared to baseline:[1]

- >4 point reduction in SELENA-SLEDAI score AND
- No new British Isles Lupus Assessment Group (BILAG) A organ domain score or 2 new BILAG B organ domain scores AND
- No worsening (<0.30 point increase) in Physician's Global Assessment (PGA) score

The SRI uses the SELENA-SLEDAI score as an objective measure of reduction in global disease activity; the BILAG index to ensure no significant worsening in any specific organ system; and the PGA to ensure that improvements in disease activity are not accompanied by worsening of the patient's condition overall.[1]

In both BLISS-52 and BLISS-76, the proportion of SLE patients achieving a SRI response was significantly higher in the belimumab 10 mg/kg group than placebo while the effect on SRI was not consistently significantly different for the belimumab 1 mg/kg group.[1,2]

Table 1. Efficacy results expressed as SLE Responder Index improvement and SLEDAI reduction in Phase III belimumab trials (BLISS 52 and BLISS 76).[2]

End point measure	BLISS-52			BLISS-76		
	Placebo (%)	Belimumab 1 mg/kg (n = 288)	Belimumab 10 mg/kg (n = 290)	Placebo (%)	Belimumab 1 mg/kg	Belimumab 10 mg/kg
SLE Responder Index at week 52	43.6	51.4% (p = 0.013)	57.6% (p = 0.0006)	33.8	40.6% (p = 0.10)	43.2% (p = 0.021)
Reduction in SELENA-SLEDAI by 4 points	46.0	53.1% (p = 0.019)	58.3% (p = 0.0024)	35.6	42.8% (p = 0.087)	46.9% (p = 0.0062)

Sub-group analyses of SRI response rate in patients of African descent were performed. In BLISS-52 and BLISS-76 combined, the SRI response rate in black patients (N=148) in the belimumab groups was less than the placebo group (22/50 or 44% for placebo, 15/48 or 31% for belimumab 1 mg/kg, and 18/50 or 36% for belimumab 10 mg/kg). In a phase II trial, black patients (N= 106) in the belimumab groups did not appear to have a different response than the rest of the study population.[1] Therefore, the effect of racial differences on the efficacy of belimumab for the treatment of SLE needs further evaluation.

CODING

The following codes for treatment and procedures applicable to this policy are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

CPT/HCPCS

J0490 Injection, belimumab, 10 mg

REVISIONS	
01-01-2012	Policy added to the bcbsks.com web site.
09-05-2016	Published 08-04-2016. Effective 09-05-2016
	Description section updated to include addition of FDA Approved Indications and Dosage information.
	In Policy section: ▪ Added "Initial Evaluation" ▪ Added Items 1, 1 A, 1 B, and 1 C to read "1. ONE of the following: A. There is documentation that the patient is currently being treated with the requested agent OR B. The prescriber states that the patient is using the requested agent AND is at risk if therapy is changed OR C. ALL of the following:"

REVISIONS	
	▪ Added Item 1 C iii to read "iii. BOTH of the following:" ▪ In Item 1 C iii a added "a history of a" to read "The patient has a history of a positive autoantibody test results..." ▪ Added Item 1 C iii b to read "The patient has a history of 3 other SLE diagnostic criteria (i.e. malar rash, discoid rash, photosensitivity, oral ulcers, nonerosive arthritis, serositis (e.g. pleuritis/pericarditis), renal disorder [e.g. persistent proteinuria >0.5 grams/day or cellular casts], hematologic disorder [e.g. hemolytic anemia (with reticulocytosis), leukopenia, lymphopenia, or thrombocytopenia], and/or immunologic disorder (e.g. positive finding of antiphospholipid antibodies or anti-Sm antibodies)" ▪ In Item 1 C iv a added "antimalarials" to read "The patient is currently on a standard of care SLE treatment regimen comprised of at least one of the following: corticosteroids, antimalarials..." ▪ In Item 1 C iv b added "ALL" to read "The patient has a documented intolerance, FDA labeled contraindication, or hypersensitivity to ALL the standard of care drug classes listed above" ▪ Added Item D to read "The patient has another FDA labeled diagnosis" ▪ In Item 2 and 3 add "or has not had" to read "The patient does NOT have or has not had severe..." ▪ Added Item 7 to read "The patient does not have any FDA labeled contraindications to the requested agent" ▪ In Item 8 added "(e.g." and "for SLE)" to read "The dose is within the FDA labeled dosage (e.g. 10 mg/kg intravenously at 2-week intervals for the first 3 doses and at 4-week intervals thereafter for SLE)" ▪ Added Renewal Evaluation section as follows: "Renewal Evaluation Benlysta® (belimumab) will be approved when ALL of the following are met: 1. The patient has been previously approved for Benlysta AND 2. ONE of the following: A. The patient is currently on a standard of care SLE treatment regimen comprised of at least one of the following: corticosteroids, antimalarials (hydroxychloroquine, chloroquine), nonsteroidal anti-inflammatory drugs (NSAIDS), aspirin, and/or immunosuppressives (azathioprine, methotrexate, cyclosporine, oral cyclophosphamide, or mycophenolate) OR B. The patient has a documented intolerance, FDA labeled contraindication, or hypersensitivity to ALL the standard of care drug classes listed above AND 3. The patient has had a decrease in symptoms or stabilization in at least one SLE diagnostic criteria (e.g. serositis, oral ulcers, arthritis, photosensitivity, blood disorders, renal involvement, antinuclear antibodies, immunologic phenomena, neurologic disorder, malar rash, discoid rash) AND 4. The patient does NOT have or has not had severe active lupus nephritis [proteinuria >6 g/24 hour or equivalent or serum creatinine >2.5 mg/dL OR required hemodialysis or high-dose prednisone >100 mg/day] within the past 90 days AND 5. The patient does NOT have or has not had severe active central nervous system lupus [e.g. seizures, psychosis, organic brain syndrome, cerebrovascular accident, cerebritis, CNS vasculitis requiring therapeutic intervention] within the past 60 days AND 6.The patient has NOT been treated with intravenous cyclophosphamide in the previous 6 months AND 7. The patient is NOT currently using another biologic agent AND 8. The patient is NOT currently being treated for a chronic infection AND 9. The patient does not have any FDA labeled contraindications to the requested agent AND

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	10. The dose is within the FDA labeled dosage (e.g. 10 mg/kg intravenously at 2-week intervals for the first 3 doses and at 4-week intervals thereafter) Length of Approval: 12 months" ▪ Added Contraindications and Biologic Agents not allowed as Concomitant Therapy charts.
	Rationale section added
	In Coding section: ▪ Removed HCPCS Code: Q2044
	References updated
11-01-2017	Prime Therapeutics began reviewing Prior Authorizations.
06-15-2018	Description section updated
	In Policy section: <u>Initial Evaluation</u> ▪ In Item 1 A added "within the past 90 days" to read "There is documentation that the patient is currently being treated with the requested agent within the past 90 days" ▪ In Item 1 B removed "using" and added "currently being treated with" and "within the past 90 days" to read "The prescriber states that the patient is currently being treated with the requested agent within the past 90 days AND is at risk if therapy is changed" ▪ In Item 1 C ii removed "autoantibody test results [positive", ">1:80", and "(>30 IU/mL)" to read ii. "The patient has a history of a positive [antinuclear antibody (ANA) and/or positive anti-dsDNA results]" ▪ In Item 1 C iv added "a. BOTH of the following: 1) The patient has had inadequate response to TWO of the following: corticosteroids, antimalarials (hydroxychloroquine, chloroquine), nonsteroidal anti-inflammatory drugs (NSAIDS), aspirin, and/or immunosuppressives (azathioprine, methotrexate, cyclosporine, oral cyclophosphamide, or mycophenolate)" ▪ In Item 1 C iv a 2) removed "a standard of care SLE treatment regimen comprised of at least" and added "within the past 90 days" to read "The patient is currently on ONE of the following: corticosteroids, antimalarials (hydroxychloroquine, chloroquine), nonsteroidal anti-inflammatory drugs (NSAIDS), aspirin, and/or immunosuppressives (azathioprine, methotrexate, cyclosporine, oral cyclophosphamide, or mycophenolate) within the past 90 days" ▪ In Item 2 removed "or has not had" and "within the past 90 days" to read "The patient does NOT have severe active lupus nephritis [proteinuria >6 g/24 hour or equivalent or serum creatinine >2.5 mg/dL OR required hemodialysis or high-dose prednisone >100 mg/day]" ▪ In Item 3 removed "or has not had" and "within the past 70 days" to read "The patient does NOT have severe active central nervous system lupus [e.g. seizures, psychosis, organic brain syndrome, cerebrovascular accident, cerebritis, CNS vasculitis requiring therapeutic intervention]" ▪ Removed "The patient has NOT been treated with intravenous cyclophosphamide in the previous 6 months AND The patient is NOT currently using another biologic agent AND The patient is NOT currently being treated for a chronic infection" and added "4. ONE of the following: A. The patient is NOT currently being treated with another biologic agent OR intravenous cyclophosphamide within the past 30 days OR B. The patient is currently being treated with another biologic agent or intravenous cyclophosphamide within the past 30 days AND will discontinue prior to starting the requested agent" ▪ Removed "The dose is within the FDA labeled dosage (e.g. 10 mg/kg intravenously at 2-week intervals for the first 3 doses and at 4-week intervals thereafter for SLE)"

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	and added "6. ONE of the following: A. The requested dosage form is intravenous administration AND the requested dose is within the FDA labeled dosing OR B. The requested dosage form is subcutaneous administration AND ONE of the following: i. The requested quantity (dose) is NOT greater than the program quantity limit OR ii. ALL of the following: a. The requested quantity (dose) is greater than the program quantity limit AND b. The requested quantity (dose) is less than or equal to the FDA labeled dose AND c. The requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does not exceed the limit OR iii. ALL of the following: a. The requested quantity (dose) is greater than the program quantity limit AND b. The requested quantity (dose) is greater than the FDA labeled dose AND c. The prescriber has submitted documentation in support of therapy with a higher dose for the intended diagnosis (must be reviewed by the Clinical Review pharmacist)" <u>Renewal Evaluation</u> ▪ In Item 2 A removed "a standard of care SLE treatment regimen comprised of at least" and added "within the past 90 days" to read "The patient is currently on ONE of the following: corticosteroids, antimalarials (hydroxychloroquine, chloroquine), nonsteroidal anti-inflammatory drugs (NSAIDS), aspirin, and/or immunosuppressives (azathioprine, methotrexate, cyclosporine, oral cyclophosphamide, or mycophenolate) within the past 90 days" ▪ In Item 4 removed "or has not had" and "within the past 90 days" to read "The patient does NOT have severe active lupus nephritis [proteinuria >6 g/24 hour or equivalent or serum creatinine >2.5 mg/dL OR required hemodialysis or high-dose prednisone >100 mg/day]" ▪ In Item 5 removed "or has not had" and "within the past 60 days" to read "The patient does NOT have severe active central nervous system lupus [e.g. seizures, psychosis, organic brain syndrome, cerebrovascular accident, cerebritis, CNS vasculitis requiring therapeutic intervention]" ▪ Removed "The patient has NOT been treated with intravenous cyclophosphamide in the previous 6 months AND The patient is NOT currently using another biologic agent AND The patient is NOT currently being treated for a chronic infection" and added "6. ONE of the following: A. The patient is NOT currently being treated with another biologic agent OR intravenous cyclophosphamide within the past 30 days OR B. The patient is currently being treated with another biologic agent or intravenous cyclophosphamide within the past 30 days AND will discontinue prior to starting the requested agent" ▪ Removed "The dose is within the FDA labeled dosage (e.g. 10 mg/kg intravenously at 2-week intervals for the first 3 doses and at 4-week intervals thereafter)" and added "8. ONE of the following: A. The requested dosage form is for intravenous administration AND the requested dose is within the FDA labeled dosing OR B. The requested dosage form is for subcutaneous administration AND ONE of the following: i. The requested quantity (dose) is NOT greater than the program quantity limit OR ii. ALL of the following: a. The requested quantity (dose) is greater than the program quantity limit AND b. The requested quantity (dose) is less than or equal to the FDA labeled dose AND

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	c. The requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does not exceed the limit OR ii. ALL of the following: a. The requested quantity (dose) is greater than the program quantity limit AND b. The requested quantity (dose) is greater than the FDA labeled dose AND c. The prescriber has submitted documentation in support of therapy with a higher dose for the intended diagnosis (must be reviewed by the Clinical Review pharmacist)" ▪ Added Quantity Limit Chart ▪ Updated Biologic Agents Not Allowed as Concomitant Therapy chart
	Rationale section updated
	References updated

REFERENCES

1. Benlysta Prescribing Information. GlaxoSmithKline. July 2017.
2. Goldberg A, Katzap E. Belimumab for the Treatment of Systemic Lupus Erythematosus. *International Journal of Clinical Rheumatology*. 2010;5(4):407-413.
3. Hahn, Bevra, et al. American College of Rheumatology Guidelines for Screening, Treatment, and Management of systemic Lupus Nephritis. *Arthritis Care & Research.* American College of Rheumatology. 2012. 64 (6); 797-808.
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5. Navarra S, Guzmán R, Gallacher A, Hall S, et al. Efficacy and safety of belimumab in patients with active systemic lupus erythematosus: a randomised, placebo-controlled, phase 3 trial. *Lancet*. 377(9767):721-31.
6. Wiglesworth A, Ennis K, Kockler, D. Belimumab: A BLyS-Specific Inhibitor for Systemic Lupus Erythematosus. *Annals of Pharmacotherapy*. 2010;44:1955-1961.
7. Bartels, Christie. Systemic Lupus Erythematosus (SLE) Treatment & Management. Medscape. Available at http://emedicine.medscape.com/article/332244-treatment. Accessed 01/09/18.