

## Benlysta® (belimumab) (Intravenous)

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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]:

- Loading Dose (doses administered on days 1, 15 and 29):
  - Benlysta 120 mg single-dose vial for injection: 9 vials per 29 days
  - Benlysta 400 mg single-dose vial for injection: 9 vials per 29 days
- Maintenance Dose:
  - Benlysta 120 mg single-dose vial for injection: 3 vials per 28 days
  - Benlysta 400 mg single-dose vial for injection: 3 vials per 28 days

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

- Loading Dose (doses administered on days 1, 15 and 29):
  - 360 billable units per 29 days
- Maintenance Dose:
  - 120 billable units per 28 days

### III. Initial Approval Criteria <sup>1</sup>

- Patient is at least 5 years of age; **AND**

#### Universal Criteria <sup>1</sup>

- 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) †<sup>1,9,11,12,17</sup>**

- 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 †<sup>1,9,11,12,19</sup>**

- 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); Ⓢ Orphan Drug

#### **\*Systemic Lupus Erythematosus Diagnostic Criteria<sup>11,12</sup>**

##### **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

<p>7. Renal disorder</p> <ul style="list-style-type: none"> <li>• Persistent proteinuria &gt; 0.5 grams/day or &gt; 3+ on urine dipstick</li> <li>• Cellular casts (red cell, hemoglobin, granular, tubular, or mixed)</li> </ul> <p>8. Seizures/psychosis</p> <p>9. Hematologic disorder</p> <ul style="list-style-type: none"> <li>• Hemolytic anemia with reticulocytosis</li> <li>• Leukopenia &lt; 4,000/mm<sup>3</sup> on ≥ 2 occasions</li> <li>• Lymphopenia &lt; 1,500/mm<sup>3</sup> on ≥ 2 occasions</li> <li>• Thrombocytopenia &lt; 100,000/mm<sup>3</sup> in the absence of offending drugs</li> </ul> <p>10. Immunologic disorder</p> <ul style="list-style-type: none"> <li>• Presence of anti-Sm or antiphospholipid antibodies</li> <li>• Presence of anti-double-stranded DNA [anti-dsDNA] greater than 2 fold the laboratory reference range if tested by ELISA</li> </ul> <p>11. Positive anti-nuclear antibody [ANA] greater than laboratory reference range</p>
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**IV. Renewal Criteria <sup>1</sup>**

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. identified 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) <sup>1,9,21</sup>**

- 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 <sup>1,19</sup>**

- 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 <sup>1</sup>**

Indication	Dose
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Systemic Lupus Erythematosus (SLE) or Lupus Nephritis	<ul style="list-style-type: none"> <li>• Loading Dose: 10 mg/kg intravenously (by a healthcare provider) every 2 weeks x 3 doses (days 1, 15 and 29)</li> <li>• Maintenance Dose: 10 mg/kg intravenously (by a healthcare provider) every 4 weeks</li> </ul>
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## VI. Billing Code/Availability Information

### HCPCS Code:

- J0490 – Injection, belimumab, 10 mg; 1 billable unit = 10 mg

### NDC:

- Benlysta 120 mg/5 mL single-dose vial for injection: 49401-0101-xx
- Benlysta 400 mg/20 mL single-dose vial for injection: 49401-0102-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)
15	KY, OH	CGS Administrators, LLC

## Nondiscrimination & Language Access Policy

Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. *We* do not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

*We* will:

Provide free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If *you* need these services, contact *us* at the phone number shown on the inside cover of this *contract*, *your* id card, or [aspirushealthplan.com](http://aspirushealthplan.com).

If *you* believe that *we* have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, *you* can file a grievance with:

Nondiscrimination Grievance Coordinator  
Aspirus Health Plan, Inc.  
PO Box 1062  
Minneapolis, MN 55440  
Phone: 1.866.631.5404 (TTY: 711)  
Fax: 763.847.4010  
Email: [customerservice@aspirushealthplan.com](mailto:customerservice@aspirushealthplan.com)

*You* can file a grievance in person or by mail, fax, or email. If *you* need help filing a grievance, the Nondiscrimination Grievance Coordinator is available to help you.

*You* can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language Assistance Services

**Albanian:** KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.866.631.5404 (TTY: 711).

**Arabic:** تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف 1.866.631.5404 (رقم هاتف الصم والبك : 711)

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelezle 1.866.631.5404 (ATS : 711).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.866.631.5404 (TTY: 711).

**Hindi:** \_यान द\_ : य\_द आप िहंदी बोलते ह\_ तो आपके िलए मु\_त म\_ भाषा सहायता सेवाएं उपल\_ध ह\_। 1.866.631.5404 (TTY: 711) पर कॉल कर\_।

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.866.631.5404 (TTY: 711).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.866.631.5404 (TTY: 711)번으로 전화해 주십시오.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.631.5404 (TTY: 711).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.631.5404 (телетайп: 711).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.631.5404 (TTY: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1.866.631.5404 (TTY: 711)

**Traditional Chinese:** 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1.866.631.5404 (TTY:711)。

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.866.631.5404 (TTY: 711).

**Pennsylvania Dutch:** Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.866.631.5404 (TTY: 711).

**Lao:** ໄປ່ດຊາຍ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.866.631.5404 (TTY:711).