

belimumab subcutaneous injection (BENLYSTA)

Diagnoses Considered for Coverage:

- Lupus Nephritis
- Systemic Lupus Erythematosus (SLE)

Coverage Criteria:

For diagnosis of Lupus Nephritis:

- Being prescribed by a rheumatologist or nephrologist, **and**
- Patient is at least 18 years old, **and**
- Patient has and will continue to use standard therapy (e.g. corticosteroids, mycophenolate, cyclophosphamide, azathioprine), **and**
- Will not be used in combination with rituximab or other biologics, **and**
- Dose does not exceed 400 mg subcutaneously once weekly for 4 doses, then 200 mg once weekly thereafter.

Coverage Duration: one year

For diagnosis of Systemic Lupus Erythematosus (SLE):

- Being prescribed by a Rheumatologist, **and**
- Patient is at least 18 years old, **and**
- Patient is currently taking at least one of the following: azathioprine, chloroquine, hydroxychloroquine, methotrexate, methylprednisolone, mycophenolate, or prednisone, **and**
- Patient does not have severe CNS lupus, **and**
- Drug will not be used in combination with rituximab, other biologics, or IV cyclophosphamide, **and**
- Dose does not exceed 200 mg weekly.

Coverage Duration: one year

Coverage Duration: see coverage criteria

Effective Date: 11/02/2023