Clinical Criteria

Subject:	Benlysta (belimumab)		
Document #:	ING-CC-0028	**Publish Date**:	~~01/01/2019~~09/23/2019
Status:	Revised	**Last Review Date**:	~~08/17/2018~~08/16/2019

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Overview

This document addresses the use of Benlysta (belimumab) for the treatment of active, antibody-positive systemic lupus erythematosus (SLE). Benlysta is an IV or SC administered human monoclonal antibody drug that specifically recognizes and inhibits the biological activity of B-lymphocyte stimulator, also known as B cell activation. Only the IV formulation of Benlysta was studied and approved in the pediatric population. Dosing between the IV and SC products differs in adult patients.

The American College of Rheumatology (ACR) uses the ACR classification criteria to diagnose an individual with SLE. The ACR requires 4 of these 11 criteria simultaneously or in succession for an individual to be classified as having SLE: malar rash, discoid rash, photosensitivity, oral ulcers, arthritis, serositis, renal disorders, neurological disorder, hematological disorder, immunological disorder, and anti-nuclear antibody.

The SELENA-SLEDAI (Safety of Estrogens in Systemic Lupus Erythematosus National Assessment -- Systemic Lupus Erythematosus Disease Activity Index) is a system used to evaluate the activity of lupus in clinical studies. This system is used for quantification of lupus disease, primarily for the purpose of determining whether a new drug evaluated for the disease is effective. The SELENA-SLEDAI is a slightly modified version of the SLEDAI and was developed by the NIH. It is a weighted index in which signs and symptoms, laboratory tests, and physician's assessment for each of nine organ systems are given a weighted score and summed up if present at the time of the visit or in the preceding 10 days. The maximum theoretical score for the SELENA-SEDAI is 105 (all 24 descriptors present simultaneously) with 0 indicating inactive disease.

BLISS (Belimumab in Subjects with SLE) study groups included adult patients with diagnosis of SLE according the ACR, active disease with SELENA-SLEDAI score greater than or equal to 6, and anti-nuclear antibody (ANA) greater than or equal to 1:80 and/or anti-dsDNA greater than or equal to 30 IU/mL. Exclusion criteria included those with acute or chronic infections within the past 60 days requiring treatment, testing positive for HIV, hepatitis B or C (NCT00424476, NCT00410384), and severe active lupus nephritis, active central nervous lupus, and those requiring high dose prednisone, among other parameters. Inclusion and exclusion criteria in the pediatric trial was similar to adult trials (NCT01649765).

Clinical Criteria

When a drug is being reviewed for coverage under a member's medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

Benlysta (belimumab)

Requests for Benlysta (belimumab) may be approved if the following criteria are met:

~~I. Individual is 18 years of age or older; **AND**~~
~~II.~~I. Individual has a diagnosis of Systemic Lupus Erythematosus per the American College of Rheumatology (ACR); **AND**

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~~III.~~II. Disease is active and documented by a SELENA-SLEDAI score greater than or equal to 6 while on current treatment regimen (SLE); **AND**

~~IV.~~III. Individual has a positive anti-nuclear antibody (ANA) titer greater than or equal to 1:80 or anti-dsDNA greater than or equal to 30 IU/mL; **AND**

~~V.~~IV. Individual has no evidence of severe renal disease (defined as proteinuria greater than 6 gm/d, serum creatinine greater than 2.5 mg/dl, or requiring dialysis); **AND**

~~VI.~~V. Individual has no evidence of active central nervous system lupus (such as psychosis or seizures); **AND**

~~VII.~~VI. Individual's SLE disease remains active while on corticosteroids, antimalarials, or immunosuppressants (alone or as combination therapy) for at least the last 30 days.

Continuation of therapy with Benlysta may be approved if all of the following criteria are met:

~~I. Individual is 18 years of age or older; **AND**~~

~~II. Individual has a diagnosis of SLE per the ACR criteria; **AND**~~

~~III.~~I. ~~Documentation~~ Confirmation of previous improvement in disease activity following treatment with Benlysta (belimumab) indicating a therapeutic response; **AND**

~~IV.~~II. Individual has no evidence of severe renal disease ((defined as proteinuria greater than 6 gm/d, serum creatinine greater than 2.5 mg/dl, or requiring dialysis); **AND**

~~V.~~III. Individual has no evidence of active central nervous system lupus (such as psychosis or seizures).

Benlysta (belimumab) may not be approved for the following:

I. Individual is 18 years of age or older and has history of the following:
   A. Individual ~~is~~has been treated with IV cyclophosphamide within the past 180 days; **OR**
   B. Individual has required prednisone doses greater than 100 mg/day (or equivalent dose of another steroid) within the past 90 days; **OR**

II. Individual is 17 years of age or younger and has any of the following:
   A. Individual has been treated with IV cyclophosphamide within the past 60 days (NCT01649765; OR
   B. Individual has required prednisone doses greater than 1.5mg/kg/day within the past 60 days (NCT01649765); OR
   C. Individual is requesting Benlysta (belimumab) prefilled autoinjector or syringe for subcutaneous use;

OR

~~II.~~III. Individual is treated with intravenous immunoglobulin (Ig) within the past 90 days; **OR**

~~III.~~IV. Individual is treated with rituximab or any other B cell targeted therapy within the past year; **OR**

~~IV.~~I. ~~Individual is treated with IV cyclophosphamide within the past 180 days; **OR**~~

~~V.~~I. ~~Individual is treated with intravenous immunoglobulin (Ig) within the past 90 days~~

~~VI. Individual has required prednisone doses greater than 100 mg/day (or equivalent dose of another steroid) within the past 90 days; **OR**~~

~~VII.~~V. Individual has required treatment for an acute or chronic infection within the past 60 days (NCT00424476, NCT00410384); **OR**

~~VIII.~~VI. Individual has human immunodeficiency virus (HIV) infection, hepatitis B virus infection, or hepatitis C virus infection (NCT00424476, NCT00410384).

Quantity Limits

Benlysta (belimumab) Quantity Limits

Drug	Limit
Benlysta (belimumab) 200 mg/ml prefilled autoinjector or syringe for subcutaneous use	4 injections per 28 days
Benlysta (belimumab) 120 mg, 400 mg vial for intravenous (IV) infusion*	10 mg/kg every 4 weeks
Override Criteria	
*Initiation of therapy of Benlysta vials for IV infusion, may approve 10mg/kg dosing at 2 week intervals for the first 3 doses.	

Coding

The following codes for treatments and procedures applicable to this document 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 policy. 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.

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HCPCS

J0490	Injection, belimumab, 10 mg [Benlysta]

ICD-10 Diagnosis

M32.0-M32.9	Systemic lupus erythematosus (SLE)

Document History

Revised: 08/16/2019
Document History:

- 09/23/2019 – Administrative update to add drug specific quantity limit.
- 08/16/2019 – Annual Review: Add new FDA approved indication for use in pediatrics. Wording and formatting changes to include references.
- 08/17/2018 – Annual Review: Initial review of CG-DRUG-84. No changes.

References

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Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.

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