



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	May 8, 2012 April 11, 2017

BENLYSTA® (belimumab)

LENGTH OF AUTHORIZATION: UP TO SIX MONTHS

REVIEW CRITERIA:

- Patient must be 18 years or older
- Prescriber is a rheumatologist
- Patient has documented diagnosis of systemic lupus erythematosus, active, autoantibody-positive
- Tried and failed a trial of standard therapy:
 - NSAIDs
 - Antimalarials (hydroxychloroquine)
 - Systemic glucocorticoids
 - Immunosuppressive agents (cyclophosphamide, MTX, azathioprine and mycophenolate)
- Member does not have an indication of severe active lupus nephritis or severe active CNS disease
- Member is not being treated for a chronic infection
- Member has not been vaccinated with a live vaccine in the last 30 days
- Other biologic agents or IV cyclophosphamide will not be used in combination with Benlysta.

DOSING & ADMINISTRATION:

- **Benlysta should be administered by healthcare providers prepared to manage anaphylaxis.**
- Recommended dosage regimen is 10 mg/kg at 2-week intervals for the first 3 doses and at 4-week intervals thereafter. Reconstitute, dilute and administer as an intravenous infusion only, over a period of 1 hour.
- Dosage form: single-use vials of belimumab lyophilized powder: 120 mg per vial and 400 mg per vial