

PA Criteria	Criteria Details						
<b>Covered Uses (FDA approved indication)</b>	Benlysta is a B-lymphocyte stimulator (BLyS)-specific inhibitor indicated for the treatment of patients 5 years of age and older with active systemic lupus erythematosus (SLE) who are receiving standard therapy and patients 5 years of age and older with active lupus nephritis (LN) who are receiving standard therapy.						
<b>Exclusion Criteria</b>	Must not be used with another biologic drug or Lupkynis.						
<b>Required Medical Information</b>	<p>For all medically-accepted indications: Medical records supporting the request must be provided, including documentation of prior therapies and responses to treatment.</p> <p>For SLE Initial Coverage: Must also have a SELENA-SLEDAI score of 6 or more before starting Benlysta - AND - either an anti-dsDNA antibody greater than 30 IU/ml or ANA greater than 1:80.</p> <p>For Lupus Nephritis Initial Coverage: Must also have a confirmed diagnosis of SLE - AND - a kidney biopsy confirming class 3, 4, and/or 5 disease.</p>						
<b>Age Restriction</b>	None.						
<b>Prescriber Restrictions</b>	Prescriber must be a specialist in treating the condition or have consulted with a specialist.						
<b>Coverage Duration</b>	One year initial coverage; two years reauthorization. Dose will be approved according to the FDA approved labeling or within accepted standards of medical practice.						
<b>Other Criteria/Information</b>	<p>Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document.</p> <table border="1"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J0490</td> <td>Benlysta IV (belimumab) vial</td> <td><b>Billing unit: 10 mg</b>  120 mg, 400 mg SDV</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J0490	Benlysta IV (belimumab) vial	<b>Billing unit: 10 mg</b>  120 mg, 400 mg SDV
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	8/21/2025	Pharmacy & Therapeutics (P&T) Committee	8/21/2025