

# STATE OF WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES



## Office of Pharmacy Services Prior Authorization Criteria Benlysta<sup>®</sup> (Belimumab) Effective 5/26/2021

## Prior Authorization Request Form

**Benlysta** is indicated for the treatment of adults and children  $\geq$ 5 years of age with active, autoantibody-positive systemic lupus erythematosus (SLE) who are receiving standard therapy or treatment of adults with active lupus nephritis who are receiving standard therapy.

Prior authorization requests for Benlysta may be approved if the following criteria are met:

1. Documented diagnosis of active systemic lupus erythematosus (SLE) or Lupus Nephritis; AND

2. The patient is positive for autoantibodies (anti-nuclear antibody (ANA) and anti-double-stranded DNA (anti-dsDNA); **AND** 

3. The patient must be within the age range as recommended by the FDA label and indication; **AND** 

4. Prescribed by, or in consultation with, a rheumatologist or nephrologist; AND

5. **For SLE**: The patient has had a documented inadequate response or intolerance to at least **TWO** of the following agents: non-steroidal anti-inflammatory drugs (NSAIDS), hydroxychloroquine, corticosteroids, methotrexate, azathioprine, cyclosporine, or mycophenolate; **AND** 

 <u>For LN</u>: Patient has failed to respond adequately to standard therapies including corticosteroids AND cyclophosphamide, mycophenolate mofetil or azathioprine.

Initial approval will be granted for 3 months.

**NOTE:** Use is not recommended in patients with severe active lupus nephritis, severe active CNS lupus, or in combination with other biologics, including B-cell targeted therapies or IV cyclophosphamide. Use of Benlysta should be avoided and is not recommended in these situations.

### CONTINUATION OF THERAPY CRITERIA:

Clinical documentation must be submitted documenting stability/reduction in disease activity OR a reduction in corticosteroid dose.

#### **References:**

1). Lexi-Comp Clinical Application 11/2/2020 and 5/2021

Ver 2021.2a- updated with Board approval 5/26/21 PS DUR Board Approval 11/18/2020



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2). Benlysta Package Insert (from version revised 3/2021)

3). UpToDate Article: Overview of the management and prognosis of systemic lupus erythematosus in adults.

4) UpToDate Article: Lupus nephritis: Initial and subsequent therapy for focal or diffuse lupus nephritis. (accessed 5/2021)