Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

BENLYSTA (belimumab)

GPI CODING:

994220150021**

DESCRIPTION:

Benlysta is indicated for the treatment of adult patients with active, autoantibody-positive, systemic lupus erythematosus (SLE) who are receiving standard therapy. Benlysta binds to the soluble B-lymphocyte stimulator protein (BLyS) and prevents BLyS from binding to its receptor on B cells. Benlysta inhibits the survival of B cells, which are believed to play a role in the pathogenesis of SLE.

APPROVAL DURATION:

Initial approvals: 6 months
Renewals: 1 year

CRITERIA FOR BENLYSTA

I. Patient has a diagnosis of active SLE **AND**
II. Patient is positive for autoantibodies prior to initiating therapy **AND**
III. Patient does not have severe active lupus nephritis or severe active CNS lupus **AND**
IV. Patient is receiving standard therapy for SLE (eg, corticosteroids) **AND**
V. Patient will not receive Benlysta in combination with other biologics or intravenous cyclophosphamide **AND**
VI. Patient is benefiting from Benlysta therapy for renewals