



Drug Name: Benlysta (belimumab)
Line of Business: Medicaid
Revised Date: 12/2018

Drug Name: Benlysta (belimumab)	
Exclusion Criteria:	<ul style="list-style-type: none"> • Severe active lupus nephritis • Severe active central nervous system lupus
Required Medical Information:	<p>Systemic Lupus Erythematosus(SLE) Authorization of 12 months may be granted for treatment of active SLE when all of the following criteria are met:</p> <ul style="list-style-type: none"> • Prior to initiating therapy, the member is autoantibody-positive. • The member is currently receiving standard therapy for SLE (such as Antimalarials (e.g., hydroxychloroquine), Azathioprine, Corticosteroids, Leflunomide, Methotrexate, Mycophenolate mofetil or Non-steroidal anti-inflammatory drugs) or has tried and had an inadequate response or intolerance to standard therapy for SLE.
Renewal Criteria	<ul style="list-style-type: none"> • All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.
Note(s)	