

Clinical Oversight Review Board (CORB) Criteria for Prescribing/ Criteria-Based Consultation (CBC) Criteria for Coverage

Belimumab subcutaneous (Benlysta)

Notes:

- Quantity Limits: Yes
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria and for *new members* entering Kaiser Permanente already taking the medication who have not been reviewed previously:

Non-formulary **belimumab subcutaneous (Benlysta)** will be covered on the prescription drug benefit when the following criteria are met:

1. Prescriber is a rheumatologist and patient has a diagnosis of active systemic lupus erythematosus (SLE)
 - Patient is 18 years of age or older
 - Patient has positive antinuclear antibody (ANA), anti-double-stranded deoxyribonucleic acid (anti-dsDNA), and/or Sjogren's antibody (SSA or SSB)
 - Patient is dependent on corticosteroid therapy OR documented contraindication or intolerance to corticosteroid therapy
 - Patient has a documented treatment failure (at least a 60-day course) or contraindication/intolerance to all of the following:
 - At least one nonsteroidal anti-inflammatory (NSAID) medication (e.g. aspirin, ibuprofen, naproxen, etodolac, meloxicam)
 - At least one antimalarial (e.g. hydroxychloroquine, chloroquine)
 - At least one immunomodulator (e.g. cyclophosphamide, azathioprine, methotrexate, mycophenolate)
2. Prescriber is a rheumatologist and patient has a diagnosis of active lupus nephritis (LN)
 - Patient is 18 years of age or older
 - Patient has positive antinuclear antibody (ANA), anti-double-stranded deoxyribonucleic acid (anti-dsDNA), and/or Sjogren's antibody (SSA or SSB)
 - Patient is dependent on corticosteroid therapy OR documented contraindication or intolerance to corticosteroid therapy
 - Patient has a documented treatment failure (at least a 60-day course) or contraindication/intolerance to all of the following:

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Revised: 08/10/23
Effective: 10/05/23

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Kaiser Foundation Health Plan of the Northwest

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- At least one antimalarial (e.g. hydroxychloroquine, chloroquine)
- At least one immunomodulator (e.g. cyclophosphamide, azathioprine, methotrexate, mycophenolate)
- Tacrolimus

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