

Drug Quantity Management – Per Days Lupus – Benlysta® (belimumab subcutaneous injection)

Table of Contents

Product Identifier(s)

Effective 1/1/23 to 4/11/23: 111201

Effective 4/12/23: 109262

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

National Formulary Medical Necessity

This Drug Quantity Management program has been developed to manage potential premature dose escalation of Benlysta. If the Drug Quantity Management rule is not met at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Drug Quantity Limits

Product	Strength and Form	Retail Maximum Quantity per 28 Days	Home Delivery Quantity per 84 days
Benlysta® (belimumab subcutaneous injection)	200 mg/mL prefilled syringe	4 prefilled syringes	12 prefilled syringes
	200 mg/mL auto-injector	4 auto-injectors	12 auto-injectors

Critera

Cigna covers quantities as medically necessary when the following criteria are met:

1. If the individual is initiating treatment for lupus nephritis or requires additional induction dosing, as verified by the absence of claims for Benlysta in the past 130 days, approve a one-time override for up to eight prefilled syringes or auto-injectors as a 28-day supply at retail or mail order.

Conditions Not Covered

Any other exception is considered not medically necessary.

Background

Overview

Benlysta subcutaneous, a B-lymphocyte stimulator-specific inhibitor, is indicated for the following uses:1

- Lupus nephritis, in adults with active disease who are receiving standard therapy.
- **Systemic lupus erythematosus**, in patients ≥ 18 years of age with active, autoantibody-positive, systemic disease who are receiving standard therapy.

Benlysta subcutaneous has not been studied and is not recommended in those with severe, active central nervous system lupus, or in combination with other biologics. In some of the clinical trials involving Benlysta, Black patients had a lower response rate for the primary endpoint relative to Black patients receiving placebo; therefore, caution is recommended when considering Benlysta in Black patients. Of note, there is also an intravenous (IV) formulation of Benlysta with a similar indication except use is expanded to those ≥ 5 years of age.

Dosing

Benlysta subcutaneous (SC) is not approved for use in patients < 18 years of age.1

Systemic Lupus Erythematosus

- 200 mg SC once weekly.
- If transitioning from IV Benlysta therapy, administer the first SC dose 1 to 4 weeks after the last IV dose.

Lupus Nephritis

- In patients initiating therapy with Benlysta for active lupus nephritis, the recommended dose is 400 mg (two 200 mg injections) once weekly, for 4 doses, then 200 mg once weekly thereafter.
- A patient receiving IV Benlysta therapy may transition to SC therapy any time after the patient completes the
 first two IV doses. The recommended SC dose in this scenario is 200 mg given 1 to 2 weeks after the last IV
 dose.

Availability

Benlysta SC is available as a 200 mg/mL prefilled syringe and auto-injector.¹

References

 Benlysta® injection [prescribing information]. Rockville, MD: Human Genmome Sciences/GlaxoSmithKline; March 2021.

Revision History

Type of Revision	Summary of Changes	Approval Date
New Policy	New override criteria were created for a patient who is initiating treatment for lupus nephritis or who requires additional induction dosing.	08/31/2022

[&]quot;Cigna Companies" refers to operating subsidiaries of Cigna Corporation. All products and services are provided exclusively by or through such operating subsidiaries, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Cigna Health Management, Inc. and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. © 2023 Cigna.