

Corporate Medical Policy

Belimumab (Benlysta)

File Name:	belimumab_benlysta
Origination:	6/2011
Last CAP Review:	2/2019
Next CAP Review:	2/2020
Last Review:	2/2019

Description of Procedure or Service

Belimumab (Benlysta) is a human monoclonal antibody drug that specifically recognizes and inhibits the biological activity of B-lymphocyte stimulator, or BLYS. BLYS is a cytokine that belongs to the tumor necrosis factor (TNF) ligand family. It is expressed as a transmembrane protein on various cell types including monocytes, dendritic cells, and bone marrow stromal cells and is required for the development of B-lymphocyte cells into mature plasma B cells. Plasma B cells produce anti-bodies, the body's first line of defense against infection. In lupus and certain other autoimmune diseases, elevated levels of BLYS are believed to contribute to the production of autoantibodies – antibodies that attack and destroy the body's own healthy tissues. The presence of autoantibodies appears to correlate with disease severity. Preclinical and clinical studies suggest that belimumab can reduce autoantibody levels in SLE. Benlysta (belimumab) has been approved by the U.S. Food and Drug Administration (FDA) for the adjunctive treatment of active, autoantibody-positive, systemic lupus erythematosus (SLE). It was originally approved as an intravenous infusion, but a subcutaneous formulation was approved in 2017.

Systemic lupus erythematosus (SLE) is a potentially fatal autoimmune disease that is characterized by clinical diversity, alterations in disease activity over time, and aberrations in multiple immune system components including B cells, T cells, as well as cytokines and growth factors, especially the presence of anti-nuclear antibodies (ANA) found in over 90 % of patients. Moreover, anti-double-strand deoxyribonucleic acid (anti-dsDNA) antibodies are found in 50 to 90 % of patients. The disease affects many parts of the body including the brain, heart, joints, kidneys, lungs, and skin. When SLE flares, it can present as chest pain, fatigue, fever, hair loss, rash, light sensitivity, as well as joint pain and swelling. Conventional treatments of SLE include anti-malarials (e.g., chloroquine and hydroxychloroquine), corticosteroids, and non-steroidal anti-inflammatory drugs (e.g., aspirin). While therapeutic advances in immunosuppressive drugs (e.g., azathioprine, cyclophosphamide, methotrexate, mycophenolate) and support therapy have markedly improved survival, SLE still carries substantially increased rates of mortality and end stage renal disease, which are even more elevated in younger patients.

******Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.***

Policy

BCBSNC will provide coverage for belimumab (Benlysta) for the treatment of autoantibody-positive systemic lupus erythematosus when it is determined to be medically necessary because the medical criteria and guidelines shown below are met.

Coverage for belimumab (Benlysta) requires prior review.

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Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy

When Belimumab (Benlysta) is covered

Belimumab may be considered medically necessary for patients who are 18 years of age or older:

1. For the treatment of active, autoantibody-positive, systemic lupus erythematosus [anti-nuclear antibody (ANA) titer \geq 1:80 or anti-doublestranded DNA (anti-dsDNA) level \geq 30 IU/mL]; **AND**
2. With failure or inadequate response to standard therapy at the time of belimumab initiation. Standard therapy includes one or more of the following:
 - Corticosteroids
 - Aspirin
 - Non-steroidal anti-inflammatory drugs (NSAIDs)
 - Anti-malarials (hydroxychloroquine, chloroquine)
 - Non-biologic immunosuppressants (azathioprine, methotrexate, cyclosporine, oral cyclophosphamide)

When Belimumab (Benlysta) is not covered

Belimumab is considered not medically necessary for use in patients with:

- Severe active lupus nephritis
- Severe active central nervous system lupus

Belimumab is considered not medically necessary when used in combination with other biologics or intravenous cyclophosphamide.

Belimumab is considered **investigational** for all other indications, including but not limited to use in children.

Policy Guidelines

The efficacy of belimumab has not been evaluated in patients with severe active lupus nephritis or severe active central nervous system lupus. Belimumab has not been studied in combination with other biologics or intravenous cyclophosphamide.

Serious and sometimes fatal infections have been reported in patients receiving immunosuppressive agents, including belimumab (Benlysta). Caution should be exercised when considering use in patients with a history of chronic infections. Patients receiving therapy for a chronic infection should not receive belimumab (Benlysta). Patients presenting with new-onset or deteriorating neurological signs and symptoms should be evaluated for Progressive Multifocal Leukoencephalopathy (PML) by an appropriate specialist. If PML is confirmed, discontinuation of immunosuppressant therapy, including belimumab (Benlysta) should be considered.

Acute hypersensitivity reactions, including anaphylaxis and death, have been reported in association with belimumab (Benlysta). These events generally occurred within hours of the infusion; however, they may occur later. Non-acute hypersensitivity reactions including rash, nausea, fatigue, myalgia,

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headache, and facial edema, have been reported and typically occurred up to a week following the most recent infusion. Hypersensitivity, including serious reactions, has occurred in patients who have previously tolerated infusions of belimumab (Benlysta). Patients with a history of multiple drug allergies may be at increased risk of hypersensitivity/anaphylaxis. The safety and effectiveness of belimumab has not been established in children.

There are no adequate and well-controlled clinical studies using belimumab (Benlysta) in pregnant women. Benlysta should be used during pregnancy only if the potential benefit to the mother justifies the potential risk to the fetus. Women of childbearing potential should use adequate contraception during treatment and for at least 4 months after the final treatment. Because maternal antibodies are excreted in human breast milk, a decision should be made whether to discontinue breast-feeding or to discontinue the drug, taking into account the importance of breastfeeding to the infant and the importance of the drug to the mother.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable service codes: J0490

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

U.S. Food and Drug Administration (FDA). Belimumab (Benlysta) injection. Highlights of prescribing information. March 2011. Available at:
http://www.accessdata.fda.gov/drugsatfda_docs/label/2011/125370s0000lbl.pdf

Benlysta (belimumab). Product information. GlaxoSmithKline 2011.

Specialty Matched Consultant Advisory Panel- 2/2012

U.S. Food and Drug Administration (FDA). Belimumab (Benlysta) injection. Highlights of prescribing information. March 2011. Available at:
http://www.accessdata.fda.gov/drugsatfda_docs/label/2011/125370s0000lbl.pdf
Last accessed January 2014.

Specialty Matched Consultant Advisory Panel- 2/2013

U.S. Food and Drug Administration (FDA). Belimumab (Benlysta). Safety information. December 2013. Available at:
<http://www.fda.gov/safety/medwatch/safetyinformation/ucm299628.htm>

Specialty Matched Consultant Advisory Panel- 2/2014

Specialty Matched Consultant Advisory Panel- 2/2015

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Specialty Matched Consultant Advisory Panel- 2/2016

1997 Update of the 1982 American College of Rheumatology Revised Criteria for Classification of Systemic Lupus Erythematosus available at: <http://www.rheumatology.org>

U.S. Food and Drug Administration (FDA). Belimumab (Benlysta) injection. Highlights of prescribing information. July 2017. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/125370s0571bl.pdf
Last accessed March 2018.

Medical Director review 3/2018

Specialty Matched Consultant Advisory Panel Review 2/2019

Policy Implementation/Update Information

- 7/1/11 New medical policy issued. Belimumab is considered medically necessary for treatment of active, autoantibody-positive, systemic lupus erythematosus. Notification date 7/1/2011 for effective date 10/1/2011. PPA implementation 10/1/2011. Medical director review 6/2011. (lpr)
- 12/6/11 Deleted statement: “who are not immunocompromised” under When Covered section. Added statement: “Serious and sometimes fatal infections have been reported in patients receiving immunosuppressive agents, including Benlysta. Caution should be exercised when considering use in patients with a history of chronic infections. Patients receiving therapy for a chronic infection should not receive Benlysta” to Policy Guidelines section. Reviewed with medical director. Removed HCPCS code Q2044 from the Billing/Coding section and added J0490 effective 1/1/2012. (lpr)
- 3/20/12 Under “When Not Covered” first two statements changed to read “not medically necessary” Instead of “investigational” and the last statement continues to read “investigational for all other indications, including but not limited to use in children.” Specialty Matched Consultant Advisory Panel review meeting 2/29/12. No change to policy statement. (lpr)
- 3/12/13 Specialty Matched Consultant Advisory Panel review meeting 2/20/2013. No change to policy statement. Reference added. (lpr)
- 4/1/14 Specialty Matched Consultant Advisory Panel review meeting 2/25/2014. Updated Policy Guidelines section. Reference updated. (lpr)
- 3/10/15 Specialty Matched consultant advisory panel review meeting 2/5/2015. No change to policy statement. (lpr)
- 4/1/16 Specialty Matched consultant advisory panel review meeting 2/24/16. No change to policy statement. –an
- 12/30/16 Minor changes to description section. No change to policy statement. (an)
- 3/31/17 Description section updated. Added specific laboratory findings to Item 2 in the When Covered section. Information regarding use during pregnancy and lactation added to Policy Guidelines section. Reference added. Specialty Matched Consultant Advisory Panel review meeting 2/22/2017. (an)

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- 4/13/18 Under “When Covered” section, added “AND” after Item 2 and added the following statement as Item 3 pertaining to Belimumab (Benlysta) indication for the treatment of adult patients with active, autoantibody-positive, systemic lupus erythematosus **who are receiving standard therapy**: “With failure or inadequate response to standard therapy at the time of belimumab initiation. Standard therapy includes one or more of the following:”. Also added list of drugs that are considered standard treatment for SLE. Minor typographical errors corrected and additions made to Policy Guidelines section for clarity. References added. Specialty Matched Consultant Advisory Panel review meeting 2/28/2018. Medical Director review. **Notification given 4/13/18 for policy effective date 7/12/18.** (krc)
- 3/12/19 Specialty Matched Consultant Advisory Panel review 2/20/2019. No change to policy statement. (krc)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.