

Benlysta (belimumab)
Effective 10/01/2026

Plan	☐ MassHealth UPPL ☒ Commercial/Exchange	Program Type	☒ Prior Authorization
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		☐ Quantity Limit ☐ Step Therapy
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Medical Benefit Pharmacy Benefit	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

Overview

Benlysta is a B-lymphocyte stimulator (Blys)-specific inhibitor indicated for the treatment of patients 5 years of age and older with:

- Active systemic lupus erythematosus (SLE) who are receiving standard therapy
- Active lupus nephritis who are receiving standard therapy

The intravenous and autoinjector formulations are approved for patients 5 years of age and older. The prefilled syringe has not been studied in patients less than 18 years of age.

Coverage Guidelines

If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted for members when ALL the following diagnosis-specific criteria are met:

Active Lupus Nephritis

1. Diagnosis of active lupus nephritis
2. ONE of the following:
 - a. Request is for the prefilled syringe: Member is 18 years of age or older
 - b. Request is for the autoinjector or IV: Member is 5 years of age or older
3. Submission of medical records (e.g., chart notes) confirming member is positive for autoantibodies to SLE
4. ONE of the following:
 - a. Member is receiving at least one standard of care treatment for active lupus nephritis (e.g., corticosteroid, mycophenolate, cyclophosphamide or azathioprine)
 - b. Use of any of the standard of care therapies (e.g., corticosteroid, mycophenolate, cyclophosphamide or azathioprine) is clinically inappropriate for the member

Systemic lupus erythematosus (SLE)

1. Diagnosis of active systemic lupus erythematosus
2. ONE of the following:
 - a. Request is for the prefilled syringe: Member is 18 years of age or older
3. Request is for the autoinjector or IV: Member is 5 years of age or older Submission of medical records (e.g., chart notes) confirming the member is positive for autoantibodies to SLE
4. ONE of the following:
 - a. The member is receiving a standard treatment for SLE with any of the following (alone or in combination):
 - i. Glucocorticoids (e.g., prednisone, methylprednisolone, dexamethasone)
 - ii. Antimalarials (e.g., hydroxychloroquine)
 - iii. Immunosuppressants
 - b. Use of all of the following is clinically inappropriate for the member:
 - i. Glucocorticoids (e.g., prednisone, methylprednisolone, dexamethasone)
 - ii. Antimalarials (e.g., hydroxychloroquine)
 - iii. Immunosuppressants

Continuation of Therapy

Requests for reauthorization will be approved when all of the following criteria are met:

1. Member has achieved or maintained a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months.
2. The following quantity limitations apply:

Drug Name and Dosage Form	Quantity Limit
Benlysta autoinjector	4 pens per 28 days
Benlysta prefilled syringe	4 syringes per 28 days

References

1. Benlysta (belimumab) [prescribing information]. Philadelphia, PA: GlaxoSmithKline LLC; June 2025

Review History

07/21/2021- Reviewed for July P&T; switch from CVS SGM criteria to AllWays Health Partners custom criteria

09/21/2022 – Reviewed and updated for September P&T. Separated out Comm/Exch vs. MassHealth.

04/12/2023 – Reviewed and Updated for April P&T; added SQ version to be added to the pharmacy benefit. IV version will continue to be available on the MB. Effective 7/1/2023.

10/08/2025 – Reviewed and updated for October P&T. Updated policy to reflect that it no longer applies to the medical benefit. Effective 01/01/2026.

07/15/2026 – Reviewed and updated at July P&T. Updating initial criteria to include diagnoses. Updated initial criteria to specify that the prefilled syringe will be approved for members 18 years of age and older, while the IV and autoinjector will be approved for members 5 years of age and older. Updated initial criteria to require submission of medical records (e.g., chart notes) confirming that the member is positive for antibodies to SLE. Updated initial criteria to allow for approval if the standard of care therapy is clinically inappropriate for the member. Effective 10/01/2026.

