

## Benlysta (Belimumab)

**Drug names**

1. Belimumab
2. Benlysta

**Description**

Benlysta (belimumab) is indicated for the treatment of adult patients with active, autoantibody-positive, systemic lupus erythematosus (SLE) who are receiving standard therapy.

It is administered by intravenous (IV) infusion.

**Commercial**

A Pharmacy Clinical Guideline, *Benlysta (belimumab)*, is on [Magellan Rx Management](#).

- **Requires prior authorization through Magellan.** Refer to *Review Criteria*.
  - **Important:** Check policy for limits or exclusions.
  - **ER or inpatient hospital POS:** PA is not required.
  - **Providers:** Certain providers are excluded. Refer to [Magellan Rx Prior Authorization](#).
- Covered based on place of service. Quote office visit, outpatient hospital, or [Home IV Therapy](#) benefits.

**Government Programs**

Refer to the table below.

Plan	Coverage
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p><a href="#">Medicaid only groups:</a></p> <ul style="list-style-type: none"> <li>• Refer to <a href="#">Medicaid</a> below.</li> </ul> <p><a href="#">Medicare eligible groups:</a></p> <ul style="list-style-type: none"> <li>• Covered based on place of service. Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li> <li>• Medicare is the primary payer.</li> <li>• Follows Medicare guidelines.</li> <li>• If no Medicare eligibility, Medicaid applies. Refer to <a href="#">Medicaid</a> below.</li> </ul>

*Continued on next page*

## Benlysta (Belimumab), Continued

### Government Programs, continued

Plan	Coverage
AccessAbility Enhanced (SNBC SNP), DUAL (MSHO)	<ul style="list-style-type: none"> <li>• A Pharmacy Clinical Guideline, <i>Benlysta (belimumab)</i>, is on <a href="#">Magellan Rx Management</a>.</li> <li>• <b>Requires prior authorization through Magellan.</b> Refer to <i>Review Criteria</i> <ul style="list-style-type: none"> <li>– <b>Important:</b> Check policy for limits or exclusions.</li> <li>– <b>ER or inpatient POS:</b> PA is not required.</li> <li>– <b>Providers:</b> Certain providers are excluded. Refer to <a href="#">Magellan Rx Prior Authorization</a>.</li> </ul> </li> <li>• Covered based on place of service. Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li> <li>• Medica is the only payer.</li> </ul>
Advantage	<ul style="list-style-type: none"> <li>• A Pharmacy Clinical Guideline, <i>Benlysta (belimumab)</i>, is on <a href="#">Magellan Rx Management</a>.</li> <li>• <b>Requires prior authorization through Magellan.</b> Refer to <i>Review Criteria</i> <ul style="list-style-type: none"> <li>– <b>Important:</b> Check policy for limits or exclusions.</li> <li>– <b>ER or inpatient POS:</b> PA is not required.</li> <li>– <b>Providers:</b> Certain providers are excluded. Refer to <a href="#">Magellan Rx Prior Authorization</a>.</li> </ul> </li> <li>• Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits. <ul style="list-style-type: none"> <li>– <b>Drug administration:</b> Covered based on place of service. Quote office visit or <a href="#">Home IV Therapy</a> benefits. Refer to the EOC for primary or specialist cost sharing.</li> <li>– <b>Injection (J-code):</b> Covered under <i>Part B Prescription Drugs</i> in the EOC.</li> </ul> </li> <li>• Provider must bill per <a href="#">Medicare Product Grid</a>.</li> <li>• Medica is the only payer.</li> </ul>

Continued on next page

## Benlysta (Belimumab), Continued

### Government Programs, continued

Plan	Coverage
Advantage PartnerCare (I-SNP)	<ul style="list-style-type: none"> <li>• A Pharmacy Clinical Guideline, <i>Benlysta (belimumab)</i>, is on <a href="#">Magellan Rx Management</a>.</li> <li>• <b>Requires prior authorization through Magellan.</b> Refer to <i>Review Criteria</i> <ul style="list-style-type: none"> <li>– <b>Important:</b> Check policy for limits or exclusions.</li> <li>– <b>ER or inpatient POS:</b> PA is not required.</li> <li>– <b>Providers:</b> Certain providers are excluded. Refer to <a href="#">Magellan Rx Prior Authorization</a>.</li> </ul> </li> <li>• Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits. <ul style="list-style-type: none"> <li>– <b>Drug administration:</b> Covered based on place of service. Quote office visit or <a href="#">Home IV Therapy</a> benefits. Refer to the EOC. Copays depend on place of service.</li> <li>– <b>Injection (J-code):</b> Covered under <i>Part B Prescription Drugs</i> in the EOC.</li> </ul> </li> <li>• Provider must bill per <a href="#">Medicare Product Grid</a>.</li> <li>• Medica is the only payer.</li> </ul>
Medicaid (SPP)	<ul style="list-style-type: none"> <li>• A Pharmacy Clinical Guideline, <i>Benlysta (belimumab)</i>, is on <a href="#">Magellan Rx Management</a>.</li> <li>• <b>Requires prior authorization through Magellan.</b> Refer to <i>Review Criteria</i> <ul style="list-style-type: none"> <li>– <b>Important:</b> Check policy for limits or exclusions.</li> <li>– <b>ER or inpatient POS:</b> PA is not required.</li> <li>– <b>Providers:</b> Certain providers are excluded. Refer to <a href="#">Magellan Rx Prior Authorization</a>.</li> </ul> </li> <li>• Covered based on place of service. Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li> </ul>

Continued on next page

## Benlysta (Belimumab), Continued

### Government Programs, continued

Plan	Coverage
Prime	<ul style="list-style-type: none"> <li>Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits. <ul style="list-style-type: none"> <li><b>Drug administration:</b> Covered based on place of service. Quote office visit or <a href="#">Home IV Therapy</a> benefits. Refer to the EOC for primary or specialist cost sharing.</li> <li><b>Injection (J-code):</b> Covered under <i>Part B Prescription Drugs</i> in the EOC.</li> </ul> </li> <li>Follows Medicare guidelines.</li> <li>Provider must bill per <a href="#">Medicare Product Grid</a>.</li> <li><b>Reminder:</b> Members can use non-Medica Service Area providers. Refer to <a href="#">Out-of-MSA Benefits</a>.</li> </ul>
Select, Signature	<ul style="list-style-type: none"> <li>Covered based on place of service. Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li> <li>Medicare supplement. Medicare is the primary payer.</li> <li>Follows Medicare guidelines.</li> </ul>

### Individual and Family Business (IFB)

A Pharmacy Clinical Guideline, *Benlysta (belimumab)*, is on [Magellan Rx Management](#).

- Requires prior authorization through Magellan.** Refer to *Review Criteria*.
  - Important:** Check policy for limits or exclusions.
  - ER or inpatient hospital POS:** PA is not required.
  - Providers:** Certain providers are excluded. Refer to [Magellan Rx Prior Authorization](#).
- Covered based on place of service. Quote office visit, outpatient hospital, or [Home IV Therapy](#) benefits.

*Continued on next page*

## Benlysta (Belimumab), Continued

### Medica Health Plan Solutions (MHPS)

Coverage depends on the employer.

Employer	Coverage
Mayo Medical Plan	<ul style="list-style-type: none"><li>• Covered based on place of service. Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li></ul>
All others	<ul style="list-style-type: none"><li>• A Pharmacy Clinical Guideline, <i>Benlysta (belimumab)</i>, is on <a href="#">Magellan Rx Management</a>.</li><li>• <b>Requires prior authorization through Magellan.</b> Refer to <i>Review Criteria</i><ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li><li>– <b>ER or inpatient POS:</b> PA is not required.</li><li>– <b>Providers:</b> Certain providers are excluded. Refer to <a href="#">Magellan Rx Prior Authorization</a>.</li></ul></li><li>• Covered based on place of service. Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li></ul>

### National Account Member Services (NAMS)

A Medical Policy, *Benlysta® (Belimumab)*, is on [UHC Provider.com](#).

- May be listed separately, if so, quote from iBAAG.
- If not listed separately and *Coverage Rational* is met, covered based on place of service. Quote office visit, outpatient hospital, or [Home IV Therapy](#) benefits.
- If *Coverage Rational* is not met, considered unproven and not covered.
- **Non-MSA providers:** Refer to [Injectable Drugs Received in a Physician's Office - NAMS](#) for special dispensing requirements.

### Document history

Document history outlined below.

Date	Description
12.26.19	Updated to new template.
3.31.19	Updated to new template.

*Continued on next page*

## Benlysta (Belimumab), Continued

---

### Applicability

<b>Business Segments</b>		
<input checked="" type="checkbox"/> All <input type="checkbox"/> Assoc. <input type="checkbox"/> Comm. <input type="checkbox"/> IFB <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> MHPS <input type="checkbox"/> My Plan <input type="checkbox"/> PSC		
<b>Specific Clients/Products</b>		
<input checked="" type="checkbox"/> All <input type="checkbox"/> Other:		
<b>System</b>		
<input type="checkbox"/> CCMS <input type="checkbox"/> COS <input type="checkbox"/> HealthRules Payor <input type="checkbox"/> ISET (Choose an item.) <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Other:		
<b>Departments</b>		
<input type="checkbox"/> All <input type="checkbox"/> Billing <input checked="" type="checkbox"/> Call Center <input type="checkbox"/> Claims <input type="checkbox"/> Enrollment <input type="checkbox"/> Other:		
<b>Approved By</b>	<b>Document Owner</b>	<b>Date</b>
A-Z Review Team	KNTWs	4.3.17

---