**BENLYSTA**

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Length of Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benlysta</td>
<td>belimumab</td>
<td>6 Months</td>
</tr>
</tbody>
</table>

**Approvable Criteria:**

- Member has a diagnosis of active, autoantibody-positive systemic lupus erythematosus (SLE) [*Documentation required*]; **AND**

- Member is already receiving standard therapy for SLE (including corticosteroids, antimalarials, or immunosuppressives – alone or in combination); **AND**

- It is confirmed that the member does not have severe active lupus nephritis; **AND**

- It is confirmed that the member does not have severe active central nervous system lupus.

**Approvable Dose:**

- Induction: 10mg/kg IV infusion every 2 weeks for the first 3 doses

- Maintenance: 10mg/kg IV infusion every 4 weeks

**Approvable Duration:**

- Coverage is granted for 6 months and may be renewed.

---

*References:*