



DATE: April 23rd, 2025
TO: Commonwealth of Kentucky Medicaid Prescriber Network
FROM: MedImpact Healthcare Systems
Subject: **Benlysta Prior Authorization Criteria Changes**

Status: Effective May 23rd, 2025, the Kentucky Department for Medicaid Services (DMS) will implement new criteria for **Benlysta (belimumab)**. The new prior authorization criteria are defined below.

BENLYSTA (BELIMUMAB)	Criteria for Approval
	Approval Duration: 6 months (initial), 1 year (renewal) Age Limit: ≥ 5 years of age Quantity Limit: 4 pens/syringes (4 mL) per month
	INITIAL APPROVAL CRITERIA
	RENEWAL CRITERIA

Criteria for Approval

Approval Duration: 6 months (initial), 1 year (renewal)
Age Limit: ≥ 5 years of age
Quantity Limit: 4 pens/syringes (4 mL) per month

INITIAL APPROVAL CRITERIA

- Patient has one of the following diagnoses:
 - Systemic lupus erythematosus (SLE); **OR**
 - Lupus nephritis (LN); **AND**
- Patient does not have a diagnosis of severe active CNS disease **AND**
- Prescribed by, or in consultation with, a rheumatologist, or nephrologist, or other applicable specialists in the treatment of this condition; **AND**
- Patient had a 3-month trial and failure of, contraindication, or intolerance to ≥ 2 of the following conventional therapies:
 - Disease-modifying anti-rheumatic drug (DMARD, e.g., methotrexate)
 - Immunosuppressant (e.g., cyclosporine)
 - Systemic steroids (e.g., prednisone); **AND**
- Medication will be used in conjunction with standard treatment for the indication (not to be used as monotherapy) unless otherwise contraindicated **AND**
- Medication will NOT be used in combination with any other biologic agent; **AND**
- Patient meets the minimum age recommended by the package insert for the provided indication.

RENEWAL CRITERIA

- Prescriber provides documentation (e.g., progress note) of response to therapy.

The current Kentucky Medicaid Preferred Drug List with the updated prior authorization criteria can be found on the Kentucky Medicaid Provider Portal (<https://kyportal.medimpact.com/provider-documents/drug-information>)



KY MCO Contact Information

Program Questions	KYMCOPBM@MedImpact.com
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Pharmacy Portal	https://kyportal.medimpact.com/
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KY FFS Contact Information

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