

Benlysta (belimumab) — HCPCS J0490

CARECOST ESTIMATE · BILLING CHEAT SHEET

GlaxoSmithKline (GSK) 120 mg + 400 mg lyo vials (IV) · 200 mg/mL syringe + autoinjector (SC) IV q4wk after loading OR SC weekly

Reviewed: May 3, 2026 ASP: Q2 2026

HCPCS J0490 1 unit = 10 mg (IV only)	STD DOSE 10 mg/kg IV q4wk after wks 0/2/4 loading	MODIFIER JZ + JW Weight-based → waste	ADMIN CPT 96365 + 96366 Therapeutic IV (non-chemo)	MEDICARE ASP+6% \$57.189 /10 mg unit · ~\$4,003/dose (70 kg)
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IV (J0490) vs SC (pharmacy benefit): J0490 only covers IV (clinic admin). SC (200 mg weekly autoinjector) is patient self-admin via specialty pharmacy — separate billing pathway, NOT under J0490.

CODES & NDC

HCPCS	J0490 — "Belimumab injection" (1 unit = 10 mg, IV form)
NDC IV	49401-088-01 120 mg lyo / 49401-101-01 400 mg lyo
NDC SC	49401-201-01 200 mg/mL syringe / 49401-202-01 200 mg/mL autoinjector (pharmacy benefit)
STORAGE	Refrigerate 2-8°C; protect from light

INDICATION-SPECIFIC DOSING

INDICATION	DOSE	SCHEDULE
SLE (IV, ≥5 yr)	10 mg/kg IV	wks 0, 2, 4 then q4wk
SLE (SC, ≥18 yr)	200 mg SC	weekly (pharmacy benefit)
Lupus nephritis (IV, ≥5 yr)	10 mg/kg IV	wks 0, 2, 4 then q4wk

2020 LN approval + 2022 pediatric LN expansion = Benlysta covers active LN (Saphnelo does NOT).

ADMIN & MODIFIERS

CODE	WHEN
96365	Therapeutic IV initial up to 1 hr
96366	Each addl hr (1 hr infusion typical → 1 unit primary)

NOT 96413/96415 (chemo) and **NOT** 96372 (SC pathway separate)

PEDIATRIC INDICATION (UNIQUE)

- **Only lupus biologic approved for pediatric patients ≥5 yr** (SLE 2019; LN 2022)
- Saphnelo, Rituxan (off-label), Lupkynis: adults only or limited peds data
- Pediatric rheumatology billing relevance for IV form

ICD-10

CODE	FOR
M32.10-M32.19	SLE with organ involvement
M32.14	SLE w/ glomerular involvement (LN primary)
M32.9	SLE unspecified
N03/N04.x	Supplementary kidney findings (LN)

LUPUS BIOLOGIC CLASS COMPARISON

DRUG	HCPCS	MECHANISM	LN?
Benlysta	J0490	anti-BAFF	Yes
Saphnelo	J0491	anti-IFN-α/β receptor	No
Rituxan	J9312	anti-CD20 (off-label)	Off-label
Lupkynis	oral	voclosporin (CNI)	Yes

Benlysta = first FDA biologic for SLE (2011), pediatric SLE (2019), LN (2020), pediatric LN (2022).

PAYER REQUIREMENTS (MAY 2026)

PAYER	PA	REQUIREMENTS
UnitedHealthcare	Yes	SLE/LN dx + HCQ + corticosteroid failure; rheum/nephro
Aetna	Yes	Same; biopsy-confirmed LN preferred
Cigna	Yes	Standard therapy failure docs
Medicare LCD	Yes	FDA-approved indication + dx

MEDICARE REIMBURSEMENT (Q2 2026)

FIELD	VALUE
ASP + 6%	\$57.189 / 10 mg unit
700 mg dose (70 kg)	\$4,003.23
1,000 mg (100 kg)	\$5,718.90
Annual SLE (12 doses)	~\$48,038 (70 kg)

PATIENT ASSISTANCE — GSK

- **Phone:** 1-844-468-2225 (1-844-GSK-2BCK)
- Benlysta Co-pay Card — commercial \$0 first dose, ongoing copay support up to \$20K/yr
- GSK Bridges to Access — free for uninsured/underinsured

Pending SME review. Verify against current GSK label, payer policies, and CMS ASP file at billing time.

Sources: FDA label (incl. LN 2020 + pediatric LN 2022 expansions), CMS Q2 2026 ASP, ACR + EULAR SLE/LN guidelines, GSK For carecostestimate.com/drugs/benlysta
You, UHC/Aetna lupus biologic LCDs.