Billing and Coding Guide Quick Reference

For physician offices prescribing BENLYSTA for in-office administration

together with Benlysta (belimumab) Intravenous Use 120 mg/vial

INDICATION

BENLYSTA is indicated for patients aged ≥5 with active systemic lupus erythematosus (SLE) or active lupus nephritis who are receiving standard therapy. BENLYSTA is not recommended in patients with severe active central nervous system lupus.

HCPCS[1]	Description
J0490	Injection, belimumab, 10 mg

CPT®[2]	Description
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specific substance or drug); initial, up to 1 hour
96413*	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance or drug

*CPT is a registered trademark of the American Medical Association (AMA). The AMA has recognized the use of the 96413 administration code for some non-chemotherapy substances, such as certain monoclonal antibody agents and other biologic response modifiers. Since BENLYSTA is a human monoclonal antibody agent, this CPT code may be applicable. However, recognition of chemotherapy administration codes for non-chemotherapy drugs may vary by payer and the documentation must support the use of these codes.

NDC	Description
49401-101-01 49401-0101-01	120 mg belimumab in a 5-mL single-dose vial
49401-102-01 49401-0102-01	400 mg belimumab in a 20-mL single-dose vial

Modifiers		
HCPCS code modifier[3]	JA	Administered intravenously
Drug wastage modifiers[4]	JW	Drug amount discarded/not administered to any patient
	JZ	Zero drug amount discarded/not administered to any patient

ICD-10[5]	Description†	ICD-10[5]	Description†
M32.0	Drug-induced systemic lupus erythematosus	M32.14	Glomerular disease in systemic lupus erythematosus
M32.10	Systemic lupus erythematosus, organ or system involvement unspecified	M32.15	Tubulo-interstitial nephropathy in systemic lupus erythematosus
M32.11	Endocarditis in systemic lupus erythematosus	M32.19	Other organ or system involvement in systemic lupus erythematosus
M32.12	Pericarditis in systemic lupus erythematosus	M32.8	Other forms of systemic lupus erythematosus
M32.13	Lung involvement in systemic lupus erythematosus	M32.9	Systemic lupus erythematosus, unspecified

†Providers are responsible for selecting the diagnosis code that is supported by the patient's condition and documented in the medical record.

The BENLYSTA IV Vial Calculator is available to determine a vial combination for each patient that helps minimize waste. Visit **https://www.gsksource.com/pharma/content/micro-sites/BenVialCalculator/calc.html** to access this tool.

Billing and Coding Examples

Example of BENLYSTA IV Patient in the Physician Office

The following example shows an 85-kg patient who was administered a 10-mg/kg dose using a vial mix that minimizes discarded product: four 120-mg single-use vials and one 400-mg single-use vial.

	24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	N4 49401-0102-01								UN1, BENLYSTA/belimumab, 400 mg							
	MM	DD	YY	MM	DD	YY	11		J0490	JA	1	XXX XX	85		NPI	
2																
	MM	DD	YY	MM	DD	YY	11		J0490	JW	1	XXX XX	3		NPI	
3																
	MM	DD	YY	MM	DD	YY			96365		1	XXX XX	1		NPI	

NOTE: The coding, coverage, reimbursement, and related information presented in this guide is from various third-party sources and is subject to change without notice. GSK cannot guarantee the accuracy or timeliness of these data. This information should not be considered a guarantee of success in obtaining third-party insurance payment for any product and should not be relied upon without confirmation. The decision by a payer to pay for a specific product is based on many factors. It is always the prescriber's responsibility to determine the appropriate treatment and submit appropriate codes, charges, and modifiers for treatments provided. Providers should contact a third-party payer for specific information on their policies.

CPT®=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification; IV=intravenous; NDC=National Drug Code.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

Previous anaphylaxis with BENLYSTA.

Please see additional Important Safety Information for BENLYSTA on next page.
Please see full Prescribing Information, including Medication Guide, for BENLYSTA.

GSK

Together with BENLYSTA

Together with BENLYSTA is a resource providing assistance with your questions regarding reimbursement or payer requirements for BENLYSTA. If you need additional information, please contact your Access and Reimbursement Manager for BENLYSTA or call a Patient Navigator at 1-844-225-5894 Monday–Friday, 8 AM–8 PM ET.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS

Serious Infections: Serious and sometimes fatal infections have been reported and occurred more frequently with BENLYSTA. Use caution in patients with severe or chronic infections, and consider interrupting therapy in patients with a new infection.

Progressive Multifocal Leukoencephalopathy (PML): Cases of JC virus-associated PML resulting in neurological deficits, including fatal cases, have been reported. If PML is suspected, immunosuppressant therapy, including BENLYSTA, must be suspended until PML is excluded. If confirmed, stop immunosuppressant therapy, including BENLYSTA.

Hypersensitivity Reactions (Including Anaphylaxis): Acute hypersensitivity reactions, including anaphylaxis and death, and infusion-related reactions have been reported. Generally, reactions occurred within hours of the infusion but may occur later, including in patients who have previously tolerated BENLYSTA. Non-acute hypersensitivity reactions (eg, rash, nausea, fatigue, myalgia, headache, and facial edema) typically occurred up to a week after infusion. Monitor patients during and after treatment and be prepared to manage anaphylaxis and infusion-related reactions. Be aware of the risk of hypersensitivity reactions, which may present as infusion-related reactions. Discontinue immediately in the event of a serious reaction. With intravenous administration, if an infusion reaction develops, slow or interrupt the infusion.

Depression and Suicidality: Depression and suicidality were reported in patients receiving BENLYSTA. Before adding BENLYSTA, assess patients' risk of depression and suicide and monitor them during treatment. Instruct patients/caregivers to contact their HCP if they experience new/worsening depression, suicidal thoughts/behavior, or other mood changes.

Malignancy: There is an increased risk of malignancies with the use of immunosuppressants. The impact of BENLYSTA on the development of malignancies is unknown.

Immunization: Live vaccines should not be given for 30 days before or concurrently with BENLYSTA as clinical safety has not been established.

Use With Biologic Therapies: Available data do not support the safety and efficacy of concomitant use of BENLYSTA with rituximab in patients with SLE. An increased incidence of serious infections and post-injection systemic reactions in patients receiving BENLYSTA concomitantly with rituximab compared to patients receiving BENLYSTA alone has been observed. The safety and efficacy of BENLYSTA concomitantly with other biologic therapies, including B-cell-targeted therapies, have not been established. Caution should be exercised if BENLYSTA is administered in combination with other biologic therapies.

ADVERSE REACTIONS

The most common serious adverse reactions in adult SLE clinical trials were serious infections; some were fatal. The most common adverse reactions (≥5%) were nausea, diarrhea, pyrexia, nasopharyngitis, bronchitis, insomnia, pain in extremity, depression, migraine, pharyngitis, and injection site reactions (subcutaneous injection).

Adverse reactions reported in clinical trials with SLE pediatric patients (≥5 years) and adult patients with lupus nephritis were consistent with those observed in adult SLE trials.

USE IN SPECIFIC POPULATIONS

Pregnancy: There are insufficient data in pregnant women to establish whether there is drug-associated risk for major birth defects or miscarriage. After a risk/benefit assessment, if prevention is warranted, women of childbearing potential should use contraception during treatment and for ≥4 months after the final treatment.

Pregnancy Registry: HCPs are encouraged to refer patients and pregnant women are encouraged to enroll themselves by calling 1-877-311-8972 or visiting https://mothertobaby.org/ongoing-study/benlysta-belimumab/.

Please see full Prescribing Information, including Medication Guide, for BENLYSTA.

References: 1. Centers for Medicare and Medicaid Services. HCPCS Quarterly Update. January 2026 Alpha-Numeric HCPCS File. Accessed March 12, 2026. https://www.cms.gov/files/zip/january-2026-alpha-numeric-hcpcs-file.zip **2.** Find-A-Code. Find-A-Code Comprehensive Search. Accessed March 12, 2026. https://www.findacode.com/search/search.php **3.** Centers for Medicare & Medicaid Services (CMS). Self-Administered Drug Exclusion List (SAD List). Article ID A52800. Accessed March 12, 2026. https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52800 **4.** Centers for Medicare & Medicaid Services. Medicare program discarded drugs and biologicals—JW modifier and JZ modifier policy. Accessed March 12, 2026. https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf **5.** Centers for Medicare and Medicaid Services. ICD Code Lists. Accessed March 12, 2026. https://www.cms.gov/medicare/coordination-benefits-recovery/overview/icd-code-lists

PMUS-BELLBND260002 March 2026

Produced in USA. 0002-0044-62