BENLYSTA is the only lupus treatment to have met the primary endpoints for all three of its Phase III clinical trials^\textsuperscript{1-4}\n
**INDICATION FOR BENLYSTA**

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

*Limitations of Use:* The efficacy of BENLYSTA has not been evaluated in patients with severe active lupus nephritis or severe active central nervous system lupus. BENLYSTA has not been studied in combination with other biologics or intravenous cyclophosphamide. Use of BENLYSTA is not recommended in these situations.

*How supplied:* BENLYSTA (belimumab) for intravenous (IV) use is available as 120 mg in a 5-mL single-dose vial and 400 mg in a 20-mL single-dose vial. BENLYSTA (belimumab) for subcutaneous use (SC) is available as 200 mg in a 1-mL single-dose prefilled autoinjector and 200 mg in a 1-mL single-dose prefilled glass syringe.

**IMPORTANT SAFETY INFORMATION FOR BENLYSTA**

**CONTRAINDICATION**

Previous anaphylaxis with BENLYSTA.

Please see additional Important Safety Information inside this brochure and full Prescribing Information and Medication Guide for BENLYSTA.
Clinical trial design

Trials were randomized, double-blind, and placebo-controlled, and assessed intravenous and subcutaneous methods of administration

<table>
<thead>
<tr>
<th>Trial</th>
<th>Patients enrolled</th>
<th>Treatments</th>
<th>Duration</th>
<th>Regions</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLISS-SC</td>
<td>N=836</td>
<td>BENLYSTA SC 200 mg + standard therapy vs placebo + standard therapy</td>
<td>52 weeks</td>
<td>177 centers throughout North America, South America, Europe, and Asia</td>
</tr>
<tr>
<td>BLISS-52</td>
<td>N=865</td>
<td>BENLYSTA IV 1 mg/kg*, BENLYSTA IV 10 mg/kg, or placebo, each in addition to standard therapy</td>
<td>52 weeks</td>
<td>90 centers throughout South America, Asia, Eastern Europe, and Australia</td>
</tr>
<tr>
<td>BLISS-76</td>
<td>N=819</td>
<td>BENLYSTA IV 1 mg/kg*, BENLYSTA IV 10 mg/kg, or placebo, each in addition to standard therapy</td>
<td>76 weeks with primary endpoint at 52 weeks</td>
<td>136 centers throughout North America and Europe</td>
</tr>
</tbody>
</table>

*The 1-mg/kg dose is not recommended.

A Phase II trial (N=449) did not meet the prespecified endpoint in percent change in SELENA-SLEDAI at Week 24 and first time to flare over 52 weeks (28% of the population was autoantibody negative at baseline). This led to the selection of a targeted autoantibody-positive population in Phase III trials.

IMPORTANT SAFETY INFORMATION FOR BENLYSTA (cont’d)

WARNINGS AND PRECAUTIONS

MORTALITY

In controlled clinical trials, death occurred in 0.8% (11/1,458) of patients treated with BENLYSTA IV and in 0.4% (3/675) of patients receiving placebo. Etiologies included infection, cardiovascular disease, and suicide.

In the controlled trial (N=836), death occurred in 0.5% (3/556) of patients receiving BENLYSTA SC and 0.7% (2/280) of patients receiving placebo. Infection was the most common cause of death.

SERIOUS INFECTIONS

Serious and sometimes fatal infections have been reported in patients receiving immunosuppressive agents, including BENLYSTA. The most frequent serious infections were pneumonia, including bacterial pneumonia, urinary tract infection, cellulitis, herpes zoster, and bronchitis. Use caution in patients with severe or chronic infections. Consider interrupting therapy with BENLYSTA in patients who develop a new infection.

Progressive Multifocal Leuкоencephalopathy (PML): Cases of JC virus-associated PML resulting in neurological deficits, including fatal cases, have been reported in patients with SLE receiving immunosuppressants, including BENLYSTA. If PML is confirmed, consider stopping immunosuppressant therapy, including BENLYSTA.

Patients met the following criteria in the Phase III trials:

- Patient is 18 years of age or older and has been diagnosed with SLE according to the American College of Rheumatology criteria.
- Patient meets at least 1 of the following:
  - Antinuclear antibody (ANA) titer ≥ 1:80
  - Anti-dsDNA autoantibodies ≥ 30 IU/mL
- Patient currently receiving any of the following types of standard therapy, alone or in combination, for ≥ 30 days:
  - Antimalarial
  - Immunosuppressive
  - Corticosteroid
  - NSAID
- Patient has active disease*
  - SELENA-SLEDAI score ≥ 8 for BLISS-SC
  - SELENA-SLEDAI score ≥ 6 for BLISS-52 and BLISS-76
- *Can include both clinical and serological manifestations of SLE.
  - *eg, arthritis, rash, hair loss.
  - †eg, decreased complement and anti-dsDNA.

Patients were excluded if they had:

- Severe active lupus nephritis
  - Proteinuria > 6 g over 24 hours or equivalent using spot urine protein to creatinine ratio
  - Serum creatinine > 2.5 mg/dL
  - Required hemodialysis within 90 days of study entry
  - Required high-dose prednisone (> 100 mg/day) within 90 days of study entry
- Severe active CNS lupus
  - Patient required therapeutic intervention for any of the following CNS lupus symptoms within 60 days of study entry
    - Seizures, psychosis, organic brain syndrome, cerebrovascular accident (CVA), cerebritis, or CNS vasculitis

Use of other biologics or IV cyclophosphamide was not permitted.

Use of BENLYSTA is not recommended in these situations.

BENLYSTA can be used in patients with renal involvement excluding patients with severe active lupus nephritis.*

*The efficacy and safety of BENLYSTA in patients with renal involvement has not been assessed.
Trial patients exhibited multiple disease manifestations, including renal involvement, prior to receiving BENLYSTA

Organ involvement at baseline (% of patients)

<table>
<thead>
<tr>
<th>Organ Domain*</th>
<th>BLISS-SC (N = 836)</th>
<th>BLISS-52 (N = 865)</th>
<th>BLISS-76 (N = 819)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mucocutaneous</td>
<td>88</td>
<td>82</td>
<td>82</td>
</tr>
<tr>
<td>Immunology</td>
<td>76</td>
<td>85</td>
<td>74</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>79</td>
<td>59</td>
<td>73</td>
</tr>
<tr>
<td>Renal</td>
<td>12</td>
<td>20</td>
<td>11</td>
</tr>
<tr>
<td>CV and respiratory</td>
<td>6</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>CNS</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Vascular</td>
<td>8</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Hematological and fever</td>
<td>8</td>
<td>7</td>
<td>12</td>
</tr>
</tbody>
</table>

*As defined by SELENA-SLEDAI (Safety of Estrogens in Lupus Erythematosus: National Assessment Version of the Systemic Lupus Erythematosus Disease Activity Index).

Proven efficacy of BENLYSTA was primarily related to improvements in the mucocutaneous, musculoskeletal, and immunologic organ domains.

IMPORTANT SAFETY INFORMATION FOR BENLYSTA (cont'd)

HYPERSENSITIVITY REACTIONS (INCLUDING ANAPHYLAXIS) AND INFUSION REACTIONS
Acute hypersensitivity reactions, including anaphylaxis and death, have been reported in association with infusions and injections of BENLYSTA, including in patients who have previously tolerated BENLYSTA. These events generally occurred within hours of the infusion; however, they may occur later. Non-acute hypersensitivity reactions including rash, nausea, fatigue, myalgia, headache, and facial edema, have been reported and typically occurred up to a week following the most recent infusion. Patients with a history of multiple drug allergies or significant hypersensitivity may be at increased risk. Premedication may mitigate or mask an infusion reaction or hypersensitivity response. In the controlled trial of BENLYSTA SC, systemic hypersensitivity reactions were similar to those observed in the IV clinical trials. Anaphylaxis was observed in 0.6% and 0.4% of patients receiving BENLYSTA and placebo, respectively. Manifestations included hypotension, angioedema, urticaria or other rash, pruritus, and dyspnea.

Please see additional Important Safety Information on the following pages, and full Prescribing Information and Medication Guide for BENLYSTA.
Nearly 25% of patients were on one therapy only.6,7

### Use of standard therapy at baseline

<table>
<thead>
<tr>
<th>Therapy Combination</th>
<th>Patients Receiving BENLYSTA (%)</th>
<th>Placebo (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antimalarials alone</td>
<td>10.82%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Steroids alone</td>
<td>18.75%</td>
<td>12.35%</td>
</tr>
<tr>
<td>Antimalarial + Steroid</td>
<td>36.2%</td>
<td>4.6%</td>
</tr>
<tr>
<td>Steroid + Immunosuppressant</td>
<td>12.8%</td>
<td>12.3%</td>
</tr>
<tr>
<td>Immunosuppressants alone</td>
<td>2.3%</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

### Permitted changes to standard therapy2-4,6

**Corticosteroids**

- No maximum dose limitations; can add new
- Maintained within 25% or 5 mg over baseline dose, whichever was higher
- No increases; decreases allowed

**Antimalarials**

- Dose increases/decreases permitted; can add new
- No further dose increases permitted; decreases allowed. No new medication permitted

**Immunosuppressants**

- Dose increases/decreases permitted; no new
- No further dose increases permitted; decreases allowed. No new medication permitted

**IMPORTANT SAFETY INFORMATION FOR BENLYSTA (cont’d)**

**HYPERSENSITIVITY REACTIONS (INCLUDING ANAPHYLAXIS) AND INFUSION REACTIONS (cont’d)**

Serious infusion reactions (excluding hypersensitivity reactions) were reported in 0.5% and 0.4% of patients receiving BENLYSTA and placebo, respectively and included bradycardia, myalgia, headache, rash, urticaria, and hypotension. BENLYSTA IV should be administered by healthcare providers prepared to manage infusion reactions and anaphylaxis. The infusion rate may be slowed or interrupted if the patient develops an infusion reaction. In the event of a serious reaction, administration of BENLYSTA must be discontinued immediately and appropriate medical therapy administered. Patients should be closely monitored during and for an appropriate period of time after IV administration of BENLYSTA. Patients receiving BENLYSTA should be informed of the signs and symptoms of hypersensitivity reactions and seek immediate medical care should a reaction occur.

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*Prednisone or prednisone equivalent.

†At Week 24, daily corticosteroid dose (defined as sum of all corticosteroid doses over any 7 consecutive days divided by 7).

‡Within 8 weeks before Week 52, daily corticosteroid dose could not be increased beyond the dose at Week 44 or at baseline, whichever was higher.

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Please see additional Important Safety Information on the following pages, and full Prescribing Information and Medication Guide for BENLYSTA.
Primary endpoint: Patients had to successfully meet all 3 components of the SRI-4 at Week 52 to be considered a responder2,4,8†‡§

≥4-point reduction in SELENA-SLEDAI score
- Requires complete elimination of ≥ 1 disease manifestations

No marked worsening in any organ systems
- No new flare requiring disease-modifying treatment† (BILAG A), AND
- ≤ 1 flare requiring symptomatic therapy‡ (BILAG B)

No worsening of overall condition
- <0.3-point increase in PGA

Patients who showed response at 28 weeks were likely to sustain response through week 52.1,4

* SRI-4, (SLE Responder Index-4), a primary composite endpoint, comprised of SELENA-SLEDAI, BILAG, and PGA scores.
† SELENA-SLEDAI (Safety of Estrogens in Lupus Erythematosus: National Assessment Version of the Systemic Lupus Erythematosus Disease Activity Index) assesses 24 weighted variables to indicate overall disease severity.
‡ BILAG (British Isles Lupus Assessment Group) measures flare activity and severity across 8 organ domains.
§ PGA (Physician’s Global Assessment) assesses overall severity of SLE disease activity.
|| glucocorticoid > 20 mg/day or immunosuppressants.
¶ eg, antimalarial drugs, NSAIDs, or glucocorticoids < 20 mg/day.

IMPORTANT SAFETY INFORMATION FOR BENLYSTA (cont’d)

DEPRESSION
In the controlled clinical trials of BENLYSTA IV, psychiatric events were reported more frequently with BENLYSTA than with placebo, related primarily to depression-related events, insomnia and anxiety. Serious psychiatric events were reported in trials with BENLYSTA. Serious depression and suicidality (including two completed suicides) were reported in trials with BENLYSTA IV. There were no serious depression-related events or suicides reported in the BENLYSTA SC trials. Instruct patients to contact their healthcare provider if they experience new or worsening depression, suicidal thoughts, or other mood changes.

MALIGNANCY
The impact of treatment with BENLYSTA on the development of malignancies is not known. The mechanism of action of BENLYSTA could increase the risk for the development of malignancies.

Please see additional Important Safety Information on the following pages, and full Prescribing Information and Medication Guide for BENLYSTA.

SLE disease activity significantly declined with the addition of BENLYSTA to standard therapy1,4

Superior reduction of disease activity in the largest and only successful Phase III trial program for SLE to date1,4

<table>
<thead>
<tr>
<th>SRI-4 Responder Rate (%)</th>
<th>BLISS-SC</th>
<th>Placebo + Standard Therapy (n=279)</th>
<th>BENLYSTA 200 mg + Standard Therapy (n=554)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>61%</td>
<td></td>
<td>48%</td>
</tr>
</tbody>
</table>

Significant treatment difference from Week 16 and sustained to Week 52

*P ≤ 0.05; †P ≤ 0.01; ‡P ≤ 0.001; §P ≤ 0.0001

In the three studies
- Reductions were primarily related to improvements in the mucocutaneous, musculoskeletal, and immunologic organ domains.
- Effect in black/African American patients: In clinical studies, there have been mixed results regarding how well BENLYSTA works in black/African American patients. Consider the risks and benefits when prescribing BENLYSTA in black/African American patients.1
- In BLISS-76, the SRI-4 response rate at Week 76 (a secondary endpoint) for BENLYSTA 10 mg/kg was not significantly different from that of placebo (39% and 32%, respectively).1
- In Phase II trial, BENLYSTA did not meet the prespecified co-primary efficacy endpoints of percent change in SELENA-SLEDAI at week 24 and time to first flare over 52 weeks (N=449).1,5
IMPORTANT SAFETY INFORMATION FOR BENLYSTA (cont’d)

IMMUNIZATION
Live vaccines should not be given for 30 days before or concurrently with BENLYSTA. BENLYSTA may interfere with the response to immunizations.

USE WITH BIOLOGIC THERAPIES OR IV CYCLOPHOSPHAMIDE
BENLYSTA has not been studied in combination with other biologic therapies, including B-cell targeted therapies, or IV cyclophosphamide. Therefore, use of BENLYSTA is not recommended in combination with these therapies.

ADVERSE REACTIONS
The most common serious adverse reactions were serious infections (6.0% and 5.2% in patients receiving BENLYSTA IV and placebo, respectively), some of which were fatal. Adverse reactions, regardless of causality, occurring in at least 3% of patients with SLE who received BENLYSTA 10 mg/kg and placebo respectively and, at an incidence at least 1% greater than that observed with placebo in the 3 controlled studies, were: nausea 15% and 12%; diarrhea 12% and 9%; pyrexia 10% and 8%; nasopharyngitis 9% and 7%; bronchitis 9% and 5%; insomnia 7% and 5%; pain in extremity 6% and 4%; depression 5% and 4%; migraine 5% and 4%; pharyngitis 5% and 3%; cystitis 4% and 3%; leukopenia 4% and 2%; viral gastroenteritis 3% and 1%.

The safety profile observed for BENLYSTA SC plus standard therapy was consistent with the known safety profile of BENLYSTA IV plus standard therapy, with the exception of local injection site reactions.

OTHER IMPORTANT INFORMATION FOR BENLYSTA

USE IN SPECIFIC POPULATIONS
Pregnancy: There are insufficient data on use of BENLYSTA in pregnant women to establish whether there is drug-associated risk for major birth defects or miscarriage. Following an assessment of benefit versus risk, if prevention is warranted, women of childbearing potential should use effective contraception during treatment and for at least 4 months after the final treatment.

Secondary efficacy outcomes

Reduced risk of severe flare* over 52 weeks1-4
Lower severe flare rate with BENLYSTA + standard therapy vs placebo + standard therapy.

The proportion of patients having at least 1 severe flare over 52 weeks was not consistently significantly different between treatment groups in these trials.

Normalization of selected biomarkers as early as Week 81

Reduction in anti-dsDNA† and IgG levels
Increase in C3 and C4 levels‡

Clinical relevance of normalizing these biomarkers has not been definitively established.

*As defined by a modified SELENA-SLEDAI SLE Flare Index.
†In patients who were positive for anti-dsDNA ≥ 30 IU/mL.
‡In patients with low complement levels at baseline.

Please see additional Important Safety Information on the following pages, and full Prescribing Information and Medication Guide for BENLYSTA.
OTHER IMPORTANT INFORMATION FOR BENLYSTA (cont’d)


Clinical relevance of normalizing these biomarkers has not been definitively established.

Preferred Term
Benlysta 10 mg/kg + Standard Therapy
(n=674) %
Placebo + Standard Therapy
(n=675) %
---
Nausea 15 12
Diarrhea 12 9
Pyrexia 10 8
Neuphoagrytis 9 7
Brachialgia 9 5
Insomnia 7 5
Pain in extremity 6 4
Depression 5 4
Migraine 4 3
Pharyngitis 3 2
Cystitis 3 2
Leukopenia 3 2
Gastroenteritis viral 3 1

Reduction in anti-dsDNA† and IgG levels

Increase in C3 and C4 levels‡

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*As defined by a modified SLEDAI-2K SLE Flare Index. †In patients who were positive for anti-dsDNA ≥ 30 IU/mL. ‡In patients with low complement levels at baseline.

The safety profile observed for BENLYSTA administered subcutaneously plus standard therapy was consistent with the known safety profile of BENLYSTA administered intravenously plus standard therapy, with the exception of local-injection site reactions.

Adverse reactions in ≥3% of patients receiving BENLYSTA 10 mg/kg + standard therapy and ≥1% more frequently than those receiving placebo + standard therapy

BENLYSTA: [7] years in-market experience

BLISS-SC
49%
BLISS-52
43%
BLISS-76
28%

11% vs 16% HR (95% CI: 0.63, 0.95), P = 0.0005.*
14% vs 23% HR (95% CI: 0.57, 0.88, 0.85), P = 0.00513.
18% vs 24% HR (95% CI: 0.72, 0.48, 1.04), P = 0.0819.

The proportion of patients having at least 1 severe flare over 52 weeks was not consistently significantly different between treatment groups in these trials.

Normalization of selected biomarkers as early as Week 81

Please see additional Important Safety Information on the following pages, and Full Prescribing Information and Medication Guide for BENLYSTA.

Reduced risk of severe flare* over 52 weeks*4

Lower severe flare rate with BENLYSTA + standard therapy vs placebo + standard therapy.

Other use in specific populations (cont’d)

Pregnancy Registry: Healthcare professionals are encouraged to register patients and pregnant women are encouraged to enroll themselves by calling 1-877-681-6296.

Lactation: There is no information available on the presence of belimumab in human milk, the effects on the breastfed infant, or the effects on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother’s clinical need for BENLYSTA and any potential adverse effects on the breastfed child from BENLYSTA or from the underlying maternal condition.

Black/African American Patients: In clinical studies, there have been mixed results regarding how well BENLYSTA works in black/African American patients. Consider the risks and benefits when prescribing BENLYSTA in black/African American patients.

References:

USE IN SPECIFIC POPULATIONS (cont’d)

1. Pregnancy Registry: Healthcare professionals are encouraged to register patients and pregnant women are encouraged to enroll themselves by calling 1-877-681-6296.
2. Lactation: There is no information available on the presence of belimumab in human milk, the effects on the breastfed infant, or the effects on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother’s clinical need for BENLYSTA and any potential adverse effects on the breastfed child from BENLYSTA or from the underlying maternal condition.
3. Black/African American Patients: In clinical studies, there have been mixed results regarding how well BENLYSTA works in black/African American patients. Consider the risks and benefits when prescribing BENLYSTA in black/African American patients.
Helping your patients move forward

**BENLYSTA Gateway: Helpful resources and information to meet changing access needs**

You can register for benefits investigation, prior authorization research, specialty pharmacy triage, and more. Additional tools and information available at BenlystaHCP.com

**BENLYSTA cares**

1-877-4-BENLYSTA (1-877-423-6597)
Select option 1 for BENLYSTA Gateway
Monday-Friday, 8 AM to 8 PM, ET