Medical Policy:
Nulojix® (belatacept) intravenous infusion

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.301	January 31, 2024	2018

Definitions

Nulojix, a selective T-cell costimulation blocker, is indicated for **prophylaxis of organ rejection** in patients ≥ 18 years of age receiving a kidney transplant. Nulojix is to be used in conjunction with basiliximab, mycophenolate mofetil, and corticosteroids.

The prescribed dose must be evenly divisible by 12.5 mg. Use of higher than recommended doses or more frequent administration is not recommended due to the increased risk of post-transplant lymphoproliferative disorder predominately of the central nervous system (CNS), progressive multifocal leukoencephalopathy, and serious CNS infections. The dose is based on actual body weight of the patient at the time of transplantation and should not be modified during the course of treatment unless the patient's weight changes by > 10%.

Length of Authorization

12 months

Dosing Limits [Medical Benefit]

Approve the following dosing regimen (A and B):

A. Each individual dose must not exceed 10 mg/kg administered by intravenous infusion; **AND**
B. Nulojix is administered no more than four times in the first 4 weeks (day of transplant, Day 5, end of Week 2, and end of Week 4), and then no more frequently than once every 4 weeks.

Guideline

1. **Kidney Transplantation – Prophylaxis of Organ Rejection.** Approve for 1 year if the patient meets the following criteria (A, B, and C):
   A. Patient is ≥ 18 years of age; **AND**
   B. Patient is Epstein-Barr virus (EBV) seropositive; **AND**
   C. Nulojix is prescribed by or in consultation with a transplant specialist physician or a physician associated with a transplant center
2. **Solid Organ Transplantation Other Than Kidney – Prophylaxis of Solid Organ Rejection in a Patient Currently Receiving Nulojix.** Approve for 1 year if the patient meets the following criteria (A, B, and C):
   A. Patient is ≥ 18 years of age; **AND**
   B. Patient is Epstein-Barr virus (EBV) seropositive; **AND**
   C. Nulojix is prescribed by or in consultation with a transplant specialist physician or a physician associated with a transplant center.

Applicable Procedure Codes

Code	Description
J0485	Injection, belatacept, 1 mg

Applicable NDCs

Code	Description
00003-0371-13	Nulojix 250MG Solution Reconstituted

ICD-10 Diagnoses

Code	Description
T86.11	Kidney Transplant Rejection
T86.91	Unspecified transplanted organ and tissue rejection

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	1/31/2024	Annual Review: no criteria changes
EmblemHealth & ConnectiCare	04/05/2023	Transfer from CCUM Template to CoBranded Medical Template Retired MG.MM.PH.157
EmblemHealth & ConnectiCare	7/20/2022	Annual Revision: No criteria changes

EmblemHealth & ConnectiCare	7/21/2021	Annual Revision: No criteria changes

References

1. Nulojix® intravenous infusion [prescribing information]. Princeton, NJ: Bristol-Myers Squibb; July 2021.