

belatacept (Nulojix)

Commercial Medical Benefit Drug Policy

Place of Service

Office Administration

Outpatient Facility Administration

Drug Details

USP Category: IMMUNOLOGICAL AGENTS

Mechanism of Action: Selective T-cell (lymphocyte) co-stimulation blocker

HCPCS:

J0485:Injection, belatacept, 1 mg

How Supplied:

250 mg (single-use vial lyophilized powder)

Condition(s) listed in policy (see coverage criteria for details)

- Kidney Transplant

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the Health and Safety Code section 1367.21 must be met.

Special Instructions and Pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

For billing purposes, drugs must be submitted with the drug's assigned HCPCS code (as listed in the drug policy) and the corresponding NDC (national drug code). An unlisted, unspecified, or miscellaneous code should not be used if there is a specific code assigned to the drug.

Coverage Criteria

The following condition(s) require Prior Authorization/Preservice.

Kidney Transplant

Meets medical necessity if all the following are met:

1. Being used for prophylaxis of organ rejection in an adult patient with kidney transplant
2. Patient is EBV seropositive

Covered Doses:

Induction: 10 mg/kg given intravenously for up to six doses (over the first 12 weeks)

Maintenance: 5 mg/kg given intravenously every 4 weeks

Coverage Period:

Indefinite

ICD-10:

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Effective: 08/01/2025

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Z48.22, Z94.0

References

1. AHFS. Available by subscription at <http://www.lexi.com>
2. DrugDex. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
3. Nulojix (belatacept) Prescribing Information. Bristol Myers Squibb Company; Princeton, NJ: 7/2021.

Review History

Date of Last Annual Review: 3Q2025

Changes from previous policy version:

- No clinical change following annual review.

Blue Shield of California Medication Policy to Determine Medical Necessity

Reviewed by P&T Committee

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