blue california
Promise Health Plan

belatacept (Nulojix)

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 California Code of Regulations (CCR), Title 22, Section 51303 and 51313 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.

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:
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