

PA Criteria	Criteria Details						
<b>Covered Uses (FDA approved indication)</b>	Nulojix is a selective T-cell co-stimulation blocker and is indicated for the prophylaxis of organ rejection in patient receiving kidney transplant, for patients who are Epstein-Barr virus (EBV) seropositive.						
<b>Exclusion Criteria</b>	None.						
<b>Required Medical Information</b>	Medical records supporting the request must be provided.						
<b>Other Criteria</b>	Must follow LCD L33824 Immunosuppressive Drugs and LCA A52474 Immunosuppressive Drugs – Policy Article. <a href="https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33824">https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33824</a>						
<b>Age Restriction</b>	None.						
<b>Prescriber Restrictions</b>	None.						
<b>Coverage Duration</b>	One year. Dose will be approved according to the FDA-approved labeling or within accepted standards of medical practice.						
<b>Other Criteria/Information</b>	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="496 995 1511 1140"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J0485</td> <td>Nulojix (belatacept)</td> <td><b>Billing unit: 1 mg</b>  250mg SDV</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J0485	Nulojix (belatacept)	<b>Billing unit: 1 mg</b>  250mg SDV
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	8/21/2025	Pharmacy & Therapeutics (P&T) Committee	8/21/2025