

## GCHP Medi-Cal Clinical Guidelines

### Hyaluronic Acid Derivatives

#### Belatacept (Nulojix™)

PA Criteria	Criteria Details
<b>Covered Uses (FDA Approved Indication)</b>	<p>Prophylaxis of organ rejection concomitantly with basiliximab induction, mycophenolate mofetil, and corticosteroids in adult Epstein-Barr virus seropositive kidney transplant recipients.</p> <p><i>Non-FDA approved indication or off-label use will be reviewed if there is sufficient documentation of efficacy and safety in published literature.</i></p>
<b>Exclusion Criteria</b>	<ul style="list-style-type: none"> <li>• Active infection</li> <li>• Untreated latent or active tuberculosis</li> <li>• Concurrent administration of live vaccine</li> <li>• History of liver transplant</li> <li>• History of systemic malignancy</li> </ul>
<b>Required Medical Information</b>	<p>Must meet ALL of the following:</p> <ul style="list-style-type: none"> <li>• Administered in combination with basiliximab, mycophenolate mofetil, and corticosteroids</li> <li>• Epstein-Barr virus seropositive</li> <li>• Kidney transplant AND <ul style="list-style-type: none"> <li>i. Initial course of organ rejection prophylaxis or</li> <li>ii. Subsequent course of organ rejection prophylaxis or</li> <li>iii. Switch from calcineurin inhibitor-based regimen (e.g., cyclosporine, tacrolimus) due to nephrotoxicity, dyslipidemia, or new-onset diabetes.</li> </ul> </li> </ul> <p><b>Off-label indications:</b> 1) The requested unlabeled use must represent reasonable and current prescribing practices based on current medical literature, provider organizations, or academic &amp; professional specialists. 2) In addition, one of the following is required: a. Documentation of trial &amp; failure (or contraindication) to on-label treatments, or b. There are no FDA-approved drug treatments for the diagnosis.</p>
<b>Age Restriction</b>	18 years of age and older; 18 – 21 years of age of age – Check CCS
<b>Prescriber Restrictions</b>	Transplant specialist
<b>Coverage Duration</b>	Six months



Other Criteria / Information	HCPCS	Description	Dosing, Units
	J0485	Injection, belatacept, 1mg (Nulojix™)	<u>Initial phase</u> 10mg/kg on day one (day of transplant, prior to implantation) and on day five (~96 hours after day one dose), followed by 10mg/kg at the end of week two, four, eight and 12 following transplantation. <u>Maintenance phase</u> 5mg/kg every four weeks (+three days) beginning at the end of week 16 following transplantation).  Maximum dosage is 10mg/kg for initial phase; 5mg/kg for maintenance phase.

STATUS	DATE REVISED	REVIEW DATE	APPROVED / REVIEWED BY	EFFECTIVE DATE
Created	8/5/2024	8/5/2024	Yoonhee Kim, Interim Director of Pharmacy Services	N/A
Approved	N/A	8/14/2024	Pharmacy & Therapeutics (P&T) Committee	3/1/2025