

POLICY AND PROCEDURE

POLICY NUMBER: *RX.PA.168.E*

REVISION DATE: *07/15*

PAGE NUMBER: 1 of 4

POLICY TITLE: *Nulojix (belatacept)*
DEPARTMENT: *Clinical Pharmacy Services- Utilization Management*
ORIGINAL DATE: *July 2011 (as adopted from UPMC Health Plan)*

Last P & T Committee Approval Date: *February 2018*

Product Applicability: *mark all applicable products below:*

COMMERCIAL	<input type="checkbox"/> HMO <input type="checkbox"/> PPO Products: <input type="checkbox"/> Small Exchange: <input type="checkbox"/> Shop <input checked="" type="checkbox"/> All <input type="checkbox"/> Indiv. <input type="checkbox"/> Indiv. <input type="checkbox"/> Large
OTHER	<input checked="" type="checkbox"/> Self-funded/ASO

PURPOSE

The purpose of this policy is to define the prior authorization process for Nulojix (belatacept).

Nulojix (belatacept) is a selective T-cell costimulation blocker indicated for prophylaxis of organ rejection in adult patients receiving a kidney transplantation in combination with basiliximab induction, mycophenolate mofetil, and corticosteroids. Belatacept is recommended to be used only in patients who are EBV seropositive.

DEFINITIONS

EBV Serology – laboratory tests which detect the presence of EBV antibodies

Epstein Bar Virus (EBV) – a member of the herpes virus family and one of the most common human viruses with as many as 95% of adults between the ages of 35-40 in the United States having been infected at some point during their lives, most often during childhood. Symptoms of the virus in children may be absent or indistinguishable from other mild, brief illnesses. Infections during adolescence will present as mononucleosis 35-50% of the time. Patients undergoing organ transplants who have not been exposed to EBV, and therefore do not have immunity, are at increased risk of post-transplant lymphoproliferative disorder (PTLD, found to be the most common

malignancy in transplant recipients) due to chronic immunosuppression since EBV can infect B cells and cause them to proliferate.

T Lymphocyte (T-cell) – activated T-cells are the predominant mediators of immunologic rejection

POLICY

It is the policy of the Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, and approval by the Pharmacy & Therapeutics Committee of the criteria for prior authorization, as described in RX.002 Pharmacy and Therapeutics Committee and RX.003-Prior Authorization Process.

The drug, Nulojix (belatacept), is subject to the prior authorization process.

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed below:

- Must have a negative tuberculosis skin test [such as Tuberculin PPD (purified protein derivative) test] or Interferon-Gamma Release Assay (IGRA) whole-blood test [such as QuantiFERON®-tb Gold In-Tube test (QFT-GIT) or T-SPOT®. TB test (T-Spot)]
- Must be at least 18 years of age
- Must be prescribed by a physician who specializes in immunosuppression or renal transplantation
- Must be undergoing or have undergone a renal transplant
- Must meet at least one of the following:
 - Be at increased risk of renal failure before transplant
 - Have tried and failed, have an intolerance to, or have a contraindication to tacrolimus or cyclosporine.
- Must be used in conjunction with basiliximab induction [if giving belatacept (Nulojix) at time of transplant], mycophenolate mofetil, and corticosteroids
- Must be EBV seropositive as demonstrated by EBV serology
- Must not have any evidence of infection including, but not limited to:
 - Progressive multifocal leukoencephalopathy (PML)
 - Cytomegalovirus (CMV)



- Polyoma virus-associated nephropathy (PVAN)
- Must not have history of or currently active malignancy

Reauthorization Criteria:

All prior authorization renewals are reviewed on an annual basis to determine the Medical Necessity for continuation of therapy. Authorization may be extended at 1-year intervals based upon chart documentation from the prescriber that the member's condition has improved based upon the prescriber's assessment while on therapy.

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to 1 year
Reauthorization	Same as initial

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

1. Epstein-Barr Virus and Infectious Mononucleosis. <http://www.cdc.gov/ncidod/diseases/ebv.htm>
2. Lymphoproliferative disorders following solid organ transplantation. UpToDate; accessed June 2011.
3. Nulojix [package insert]. Princeton, NJ: Bristol-Myers Squibb Company; June 2011.
4. Updated Guidelines for Using Interferon Gamma Release Assays to Detect Mycobacterium tuberculosis infection – United States 2010. Department of Health and Human Services Centers for Disease Control and Prevention [U.S.]. vol 59, RR-5. 2010 June 25.
5. Interferon-Gamma Release Assays (IGRAs) – Blood Tests for TB Infection. <http://www.cdc.gov/tb/publications/factsheets/testing/IGRA.htm>. Accessed 10/29/2012.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY



Nulojix (belatacept)
POLICY NUMBER: RX.PA.168.E
REVISION DATE: 07/15
PAGE NUMBER: 4 of 4

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>Annual review</i>	<i>02/17, 02/18</i>

