

Nulojix (belatacept) — HCPCS J0485

CARECOST ESTIMATE · BILLING CHEAT SHEET

Bristol Myers Squibb 250 mg single-dose lyophilized vial IV infusion 30 min **Indication:** Adult kidney transplant only **Reviewed:** May 22, 2026

ASP: Q2 2026

HCPCS J0485 1 mg = 1 unit	INITIAL (10 MG/KG) 700 units 70 kg · 3 vials · JW 50	REMS GATE EBV+ only Boxed warning #1	ADMIN CPT 96365 Non-chemo IV (30 min)	MEDICARE ASP+6% \$3.893 /mg · \$2,725/700 mg init
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BOXED WARNINGS: (1) PTLD — EBV-seropositive recipients ONLY (~13× PTLD risk if EBV-); (2) PML + other CNS infections; (3) Serious infections; (4) Use only by transplant-experienced physicians; (5) NOT for liver transplant — increased mortality. Document EBV IgG result before initiation.

CODES & NDC

HCPCS	J0485 — "Injection, belatacept, 1 mg" (permanent since 2011 approval; pre-permanent code used J3490)
NDC	00003-0371-13 (carton) — N4 qualifier, ML unit-of-measure
VIAL	250 mg single-dose lyophilized powder for IV infusion
RECONSTITUTE	10.5 mL sterile water → 25 mg/mL; silicone-free syringe required; further dilute in 0.9% NaCl or D5W
SIBLING	Orencia / abatacept (J0129, 10 mg = 1 unit, autoimmune) — different drug, do NOT cross-bill

ICD-10 — KIDNEY TRANSPLANT FAMILY

CODE	FOR
Z94.0	Kidney transplant status (maintenance reporting, primary)
T86.10	Kidney transplant rejection (unspecified)
T86.11	Kidney transplant failure
T86.13	Kidney transplant infection
T86.19	Other complication of kidney transplant
Z79.899	Long-term immunosuppression

Off-label denied: liver (boxed warning), heart, lung, pancreas, and pediatric kidney all not covered.

DOSING (TWO PHASES)

PHASE	DOSE	SCHEDULE
Initial	10 mg/kg IV	D1, D5, end wk 2/4/8/12 (6 doses)
Maintenance	5 mg/kg IV	End wk 16, then q4w indefinitely (~13/yr)

- Round calculated dose to nearest **12.5 mg** increment per FDA label
- Infuse over 30 min via 0.2–1.2 micron low-protein-binding inline filter
- Use within 24 hr of reconstitution (refrigerate if not immediate)

CONCOMITANT IMMUNOSUPPRESSION (BENEFIT REGIMEN)

- Induction:** basiliximab (per BENEFIT)
- Antimetabolite:** mycophenolate mofetil (MMF)
- Corticosteroid:** taper per institutional protocol
- Prophylaxis:** CMV + PJP per institutional protocol
- Document all on the PA — missing regimen is a top-5 denial

ADMINISTRATION & MODIFIERS

CODE	WHEN
96365	Therapeutic IV up to 1 hr (primary) — non-chemo
96366	Each additional hr
96413	NOT appropriate — belatacept is non-chemo

JW/JZ: JW required for partial-vial waste (nearly every weight-based dose). JZ when calculated dose lands exactly on a 250 mg multiple. One of JZ or JW must appear on every J0485 claim (CMS 7/1/2023).

PAYER REQUIREMENTS (MAY 2026)

PAYER	PA	DOCUMENTATION
UHC	Yes	EBV+, kidney transplant, MMF + steroid documented
Aetna	Yes	EBV+, kidney transplant only (liver explicitly excluded)
BCBS	Yes	KDIGO-aligned, transplant center prescriber, annual re-PA
Medicare Part B	No PA	Part B transplant immunosuppressive drug benefit applies

JW WORKED EXAMPLE — 70 KG INITIAL

STEP	VALUE
Calculated dose	70 kg × 10 mg/kg = 700 mg
Vials drawn	3 × 250 mg = 750 mg
Waste	50 mg discarded
Line 1 (administered)	J0485 700 units JZ
Line 2 (waste)	J0485 50 units JW
Drug reimbursement	\$2,725.10 + \$194.65 waste = \$2,919.75

MEDICARE REIMBURSEMENT (Q2 2026)

FIELD	VALUE
ASP + 6%	\$3.893 / mg (effective 4/1 – 6/30/2026)
Initial 700 mg (70 kg)	\$2,725.10 administered + waste
Maintenance 350 mg	\$1,362.55 administered + waste
Maint year (13 doses)	~\$17,713 administered + ~\$7,591 JW waste
Next ASP refresh	July 1, 2026 (Q3 2026)

SITE OF CARE

SETTING	POS	NOTES
Transplant center HOPD (on-campus)	22	Primary, initial phase
Transplant center HOPD (PBD)	19	Maintenance common
Freestanding infusion suite (affiliated)	49	OK for stable maintenance
Nephrology office	11	Co-management documented
Patient home	12	Not appropriate

PATIENT ASSISTANCE — BMS ACCESS SUPPORT

- **Phone:** 1-800-861-0048 (BMS Access Support)
- **Web:** bmsaccesssupport.com · nulojix.com
- **Commercial copay:** Nulojix Co-Pay Program (federal patients excluded)
- **PAP:** BMS Patient Assistance Foundation (uninsured/underinsured)
- **Foundations:** PAN, HealthWell, Good Days, PAF (verify open transplant funds)

Top denial #1: EBV serology not documented. Attach EBV IgG lab report (date, assay, seropositive result) to every PA. EBV-seronegative is a hard contraindication — do not proceed.