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: Q4 2026

HCPCS	INITIAL (10 MG/KG)	REMS GATE	ADMIN CPT	MEDICARE ASP+6%
J0485	700 units	EBV+ only	96365	$3.883
1 mg = 1 unit	70 kg · 3 vials · JW 50	Boxed warning #1	Non-chemo IV (30 min)	/mg · $2,725/700 mg init

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

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)

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).

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.

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

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** (no wastage modifier)
Line 2 (waste)	J0485 **50 units** JW
Drug reimbursement	$2,719.50 + $194.25 waste = **$2,913.75**

MEDICARE REIMBURSEMENT (Q4 2026)

FIELD	VALUE
ASP + 6%	**$3.883 / mg** (effective 7/1 – 9/30/2026)
Initial 700 mg (70 kg)	**$2,719.50** administered + waste
Maintenance 350 mg	**$1,359.75** 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.

Sources: FDA label (BLA 125288), BENEFIT/BENEFIT-EXT (NEJM 2010, 2016), KDIGO transplant guidelines, BMS PI, BMS Access Support 2026, CMS ASP Q2 2026, UHC/Aetna transplant policies.