

Belatacept (NULOJIX) Criteria for Use Updated August 2025

VA Pharmacy Benefits Management Services and National Formulary Committee

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

The Product Information should be consulted for detailed prescribing information.

See the VA National Formulary Committee Monograph on this drug at the [PBM INTRAnet](#) site for further information.

Inclusion Criteria

All of the following criteria must be met.

- Veteran is a kidney transplant recipient ^{^1}
 - Requesting provider is a nephrologist or post-kidney transplant designee (e.g. locally designated expert)
 - Documentation is evident that Veteran is Epstein-Barr seropositive
 - No active or untreated Infections and screening for tuberculosis has been completed within the past year (e.g. QuantiFERON gold)
 - Documentation is evident that communication with the transplant team is concurrent
- ^{^1} If use is for women of childbearing age, recommend confirming no alternative treatment and that benefits outweigh risks. There is limited and conflicting information regarding risk of fetal harm.

Additional Inclusion Criteria

One of the following criteria must be met.

- Veteran has chronic allograft nephropathy or calcineurin inhibitor (CNI) toxicity on biopsy
- Veteran has unmanageable CNI intolerance (e.g. tremors, headache, thrombotic microangiopathy, post-transplant diabetes)
- Veteran in whom avoidance or minimization of long-term CNI exposure is preferred
- Chronic antibody-mediated rejection or donor-specific antibody suppression

Other Justification

- _____
For drugs with frequently added indications (e.g., chemotherapy, biologics in chronic inflammatory diseases, etc.) Delete entire section if not needed.

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