Product Fact Sheet for NULOJIX® (belatacept)

Supplied and Marketed by	Bristol-Myers Squibb Company Internet: www.bms.com
Product Name	NULOJIX®
Established Name	belatacept
Indication and Usage	• NULOJIX (belatacept) (in combination with basiliximab induction, mycophenolate mofetil [MMF], and corticosteroids) is indicated for prophylaxis of organ rejection in adults receiving a kidney transplant • Use NULOJIX only in patients who are Epstein-Barr virus (EBV) seropositive • Use of NULOJIX for prophylaxis of organ rejection in transplanted organs other than kidney has not been established
Contraindication	NULOJIX is contraindicated in transplant recipients who are EBV seronegative or with unknown EBV serostatus due to the risk of post-transplant lymphoproliferative disorder (PTLD), predominantly involving the central nervous system (CNS).
How Supplied	NULOJIX lyophilized powder for intravenous infusion is supplied as a single-use vial with a *silicone-free disposable syringe*. **Description** 1 × [250 mg vial] + 1 × [12 mL syringe] **National Drug Code (NDC)** **10-digit** 0003-0371-13 **11-digit** 00003-0371-13
Ordering Information	NULOJIX may be purchased through a network of approved wholesalers and specialty distributors. • NULOJIX can be purchased from the following wholesalers: – AmerisourceBergen: contact your local ABC Representative – Anda: 800-331-2632 – Cardinal Health: 800-926-3161 – H.D. Smith: contact your local H.D. Smith Representative – McKesson Corporation: Pharmacy Customer Support for Hospital & Health System Customers: 855-625-4677 Service First: 800-793-9875 – Morris and Dickson: 800-388-3833 • NULOJIX can be purchased from the following specialty distributors: – McKesson Specialty Health: 800-482-6700 – CuraScript Specialty Distribution: 877-599-7748 – Oncology Supply: 800-633-7555 – Metro Medical Supply: 800-768-2002 – Cardinal Health Specialty Pharmaceutical Distribution: 866-677-4844 – Besse Medical: 800-543-2111 – ASD Healthcare: 800-746-6273 Any specialty pharmacy may order NULOJIX from the wholesalers or specialty distributors listed above.
Special Storage Requirements	NULOJIX lyophilized powder is stored refrigerated at 2°-8°C (36°-46°F). Protect NULOJIX from light by storing in the original package until time of use. The reconstituted solution should be transferred from the vial to the infusion bag or bottle immediately. The NULOJIX infusion must be completed within 24 hours of reconstitution of the NULOJIX lyophilized powder. If not used immediately, the infusion solution may be stored under refrigeration conditions (2°-8°C [36°-46°F]) and protected from light for up to 24 hours (a maximum of 4 hours of the total 24 hours can be at room temperature [20°-25°C (68°-77°F)] and room light).
Product Expiration	The expiration date is printed on each dispensing carton and vial label.
Syringe Replacement Program for NULOJIX	Contact Air-Tite for a one-time free sample of eight syringes or information on purchasing a box of 100. Phone: 800-231-7762 or Internet: www.air-tite.com
HCPCS Codes	J-code[1]: J0485, injection, belatacept, 1 mg (effective January 1, 2013) C-code: C9286, injection, belatacept, 1 mg (effective October 1, 2011)[2a]
Product Website	www.NULOJIX.com
Bristol-Myers Squibb Contact Phone Numbers	Customer Service 800-631-5244 Medical Information 800-321-1335 Bristol-Myers Squibb Access Support® 800-861-0048

Please see Important Safety Information, including **Boxed WARNINGS**, on next page.

[a]NULOJIX was assigned a pass-through status indicator under the hospital Outpatient Prospective Payment System (OPPS) effective October 1, 2011. Specific payment instructions may be obtained in the October 2011 OPPS program instructions.

It is the provider's responsibility to determine and submit appropriate codes, charges, and modifiers for services rendered. Bristol-Myers Squibb cannot guarantee success in obtaining third-party insurance payments.

References
1. U.S. Department of Health and Human Services. Centers for Medicare & Medicaid Services. Medicare and Medicaid: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Electronic Reporting Pilot; Inpatient Rehabilitation Facilities Quality Reporting Program; Revision to Quality Improvement Organization Regulations; final rule. *Fed Regist.* 2012;77(221):68366, 68368-68369. http://www.gpo.gov/fdsys/pkg/FR-2012-11-15/pdf/2012-26902.pdf. Accessed November 15, 2012.
2. U.S. Department of Health and Human Services. Centers for Medicare & Medicaid Services. CMS Manual System. Pub 100-04 Medicare Claims Processing. http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2296CP.pdf. Accessed November 15, 2012.

Nulojix® (belatacept)

NULOJIX® (belatacept) IMPORTANT SAFETY INFORMATION

Post-Transplant Lymphoproliferative Disorder (PTLD)

- **NULOJIX patients are at increased risk for developing PTLD, predominantly involving the central nervous system (CNS)**
- **Recipients without immunity to EBV (ie, seronegative) are at particularly increased risk; therefore, NULOJIX is contraindicated in transplant recipients who are EBV seronegative or unknown serostatus**
- Monitor for new or worsening neurological, cognitive, or behavioral signs and symptoms
- As the total burden of immunosuppression is a risk factor for PTLD, higher than recommended doses or more frequent dosing of NULOJIX or concomitant immunosuppressive agents are not recommended
- Other known risk factors for PTLD include cytomegalovirus (CMV) infection and T-cell-depleting therapy
  - CMV prophylaxis is recommended for at least 3 months after transplantation
  - Use T-cell-depleting therapy to treat acute rejection cautiously
- Patients who are EBV seropositive and CMV seronegative may be at increased risk of PTLD
  - Since CMV seronegative patients are at increased risk for CMV disease (a known risk factor for PTLD), the clinical significance of CMV serology for PTLD remains to be determined; however, these findings should be considered when prescribing NULOJIX

Management of Immunosuppression

- **Only physicians experienced in immunosuppressive therapy and management of kidney transplant patients should prescribe NULOJIX**
  - **Patients should be managed in facilities with adequate laboratory and supportive medical resources**
  - **The physician responsible for maintenance therapy should have complete information requisite for the follow-up of the patient**

Progressive Multifocal Leukoencephalopathy (PML)

- NULOJIX patients are at increased risk for PML, often a rapidly progressive and fatal opportunistic infection
  - In clinical trials, two cases were reported in patients receiving NULOJIX at higher cumulative doses and more frequently than the recommended regimen, along with MMF and corticosteroids; one occurred in a kidney transplant recipient and one occurred in a liver transplant recipient
- As PML has been associated with high levels of immunosuppression, higher than recommended doses or more frequent dosing of NULOJIX and concomitant immunosuppressive agents, including MMF, are not recommended
- Monitor for new or worsening neurological, cognitive, or behavioral signs and symptoms
  - PML is usually diagnosed by brain imaging, cerebrospinal fluid testing for JC viral DNA by polymerase chain reaction, and/or brain biopsy
  - Consultation with a specialist should be considered
  - If PML is diagnosed, consider reduction or withdrawal of immunosuppression, weighing risk to the graft

Other Malignancies and Serious Infections

- **Increased susceptibility to infection and possible development of malignancies may result from immunosuppression**
- Patients should avoid prolonged exposure to ultraviolet light and sunlight
- Patients receiving immunosuppressants, including NULOJIX (belatacept), are at increased risk for bacterial, viral, fungal, and protozoal infections, including opportunistic infections and tuberculosis. Some infections were fatal
  - Polyoma virus-associated nephropathy can lead to deteriorating renal function and graft loss; consider reduction in immunosuppression, weighing risk to the graft
  - Tuberculosis was more frequently observed in patients receiving NULOJIX. Evaluate for tuberculosis and initiate treatment for latent infection prior to NULOJIX use
  - CMV and *Pneumocystis jiroveci* prophylaxis is recommended after transplantation

Liver Transplant: use in liver transplant patients is not recommended due to increased risk of graft loss and death in a clinical trial with more frequent administration of NULOJIX than studied in kidney transplant, along with MMF and corticosteroids

Acute Rejection and Graft Loss with Corticosteroid Minimization

- In NULOJIX postmarketing experience, corticosteroid minimization to 5 mg/day between Day 3 and Week 6 post-transplant was associated with an increased rate and grade of acute rejection, particularly Grade III
  - These Grade III rejections occurred in patients with 4-6 human leukocyte antigen (HLA) mismatches
  - Graft loss was a consequence of Grade III rejection in some patients
- Corticosteroid utilization should be consistent with the NULOJIX clinical trial experience
  - Median (25th-75th percentile) corticosteroid doses were tapered to about 15 mg (10-20 mg)/day by the first 6 weeks and remained at about 10 mg (5-10 mg)/day for the first 6 months post-transplant

Immunizations: avoid use of live vaccines during NULOJIX treatment

Pregnancy Category C: based on animal data, NULOJIX may cause fetal harm. NULOJIX should not be used in pregnancy unless potential benefit to the mother outweighs potential risk to the fetus. To monitor maternal-fetal outcomes of pregnant women who have received NULOJIX, or whose partners have received NULOJIX, healthcare providers are strongly encouraged to register pregnant patients in the National Transplant Pregnancy Registry (NTPR) by calling 1-877-955-6877

Nursing Mothers: discontinue NULOJIX or nursing, considering importance of NULOJIX to the mother

Most Common Adverse Reactions (≥20%): anemia (45%), diarrhea (39%), urinary tract infection (37%), peripheral edema (34%), constipation (33%), hypertension (32%), pyrexia (28%), graft dysfunction (25%), cough (24%), nausea (24%), vomiting (22%), headache (21%), hypokalemia (21%), hyperkalemia (20%), and leukopenia (20%).

Please see Full Prescribing Information, including **Boxed WARNINGS**, by clicking here.

Bristol-Myers Squibb

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