



Transplant Drugs
Simulect (basiliximab) J0480,
Nulojix (belatacept) J0485
Prior Authorization Request
Medicare Part B Form

*Instructions: * Indicates required information – Form may be returned if required information is not provided. Please fax this request to the appropriate fax number listed at the bottom of the page.*

<input type="checkbox"/>	Standard Request– (72 Hours)	<input type="checkbox"/>	Urgent Request (standard time frame could place the member's life, health or ability in serious jeopardy)
Date Requested _____			
Requestor _____ Clinic name: _____ Phone _____ / Fax _____			

MEMBER INFORMATION

*Name: _____ *ID#: _____ *DOB: _____

PRESCRIBER INFORMATION

*Name: _____ MD FNP DO NP PA *Phone: _____

*Address: _____ *Fax: _____

DISPENSING PROVIDER / ADMINISTRATION INFORMATION

*Name: _____ Phone: _____

*Address: _____ Fax: _____

PROCEDURE / PRODUCT INFORMATION

HCPC Code	Name of Drug	Dose (Wt: _____ kg Ht: _____)	Frequency	End Date if known

Self-administered Provider-administered Home Infusion

Chart notes attached. **Other important information:** _____

Diagnosis: ICD10: _____ **Description:** _____

Provider attests the diagnosis provided is an FDA-Approved indication for this drug

CLINICAL INFORMATION

New Start or Initial Request: (Clinical documentation required for all requests)
 Provider has reviewed the attached “Criteria for Approval” and attests the member meets ALL required PA criteria.
 If not, please provide **clinical rationale** for formulary exception: _____

Continuation Requests: (Clinical documentation required for all requests)
 Patient had an adequate response or significant improvement while on this medication.
 If not, please provide clinical rationale for continuing this medication: _____

ACKNOWLEDGEMENT

Request By (Signature Required): _____ **Date:** ____ / ____ / ____

Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **THIS AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT.** PAYMENT IS BASED ON BENEFITS IN EFFECT AT THE TIME OF SERVICE, MEMBER ELIGIBILITY AND MEDICAL NECESSITY.

Prior Authorization Group – IL-1 Beta Blocker PA

Drug Name(s):

SIMULECT
NULOJIX

BASILIXIMAB
BELATACEPT

Criteria for approval of Prior Authorization Drug:

1. Prescribed for an approved FDA diagnosis (as listed below):
2. Drug is being used appropriately per CMS recognized compendia, authoritative medical literature, evidence-based guidelines and/or accepted standards of medical practice.
3. Member does not have any clinically relevant contraindications, or CMS/Plan exclusions, to the requested drug.
 - If the member meets all these criteria, they may be approved by the Plan for the requested drug.
 - Quantity limits and Tiering will be determined by the Plan.

Exclusion Criteria:

N/A

Prescriber Restrictions:

N/A

Coverage Duration:

Approvals will be for 12 months

FDA Indications:

Simulect

- Renal transplant rejection, in combination with cycloSPORINE and corticosteroids ; Prophylaxis

Nulojix

- Renal transplant rejection, EBV seropositive; in combination with basiliximab induction, mycophenolate mofetil, and corticosteroids; Prophylaxis

Off-Label Uses:

Simulect

- Graft versus host disease
- Liver transplant rejection; Prophylaxis
- Rejection of pancreas transplant; Prophylaxis

Simulect

Renal transplant rejection, Conversion from calcineurin inhibitor; Prophylaxis

Age Restrictions:

N/A

Other Clinical Considerations:

Only physicians experienced in immunosuppression therapy and management of organ transplantation patients should prescribe basiliximab. The physician responsible for basiliximab administration should have complete information requisite for the follow-up of the patient. Patients receiving the drug should be managed in facilities equipped and staffed with adequate laboratory and supportive medical resources



Part B Prior Authorization Guidelines

Resources:

https://www.micromedexsolutions.com/micromedex2/librarian/CS/F5E000/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYNC/506275/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.GoToDashboard?docId=924722&contentSetId=100&title=Basiliximab&servicesTitle=Basiliximab&brandName=Simulect&UserMdxSearchTerm=simulect&=null#

https://www.micromedexsolutions.com/micromedex2/librarian/CS/267DB6/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYNC/D85E32/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.GoToDashboard?docId=929954&contentSetId=100&title=Belatacept&servicesTitle=Belatacept&brandName=Nulojix&UserMdxSearchTerm=Nulojix&=null#

CLINICAL / CMS
ONLY