

Simulect (basiliximab) Policy Number: C9972-A

CRITERIA EFFECTIVE DATES:

ORIGINAL EFFECTIVE DATE	LAST REVIEWED DATE	NEXT REVIEW DATE
12/1/2016	9/9/2020	9/9/2021
J CODE	TYPE OF CRITERIA	LAST P&T APPROVAL/VERSION
J0480-Injection, basiliximab, 20mg	RxPA	Q4 2020 20201028C9972-A

PRODUCTS AFFECTED:

Simulect (basiliximab)

DRUG CLASS:

Monoclonal Antibodies

ROUTE OF ADMINISTRATION:

Intravenous

PLACE OF SERVICE:

Buy and Bill

AVAILABLE DOSAGE FORMS:

Simulect SOLR 10MG, Simulect SOLR 20MG

FDA-APPROVED USES:

indicated for the prophylaxis of acute organ rejection in patients receiving renal transplantation when used as part of an immunosuppressive regimen that includes cyclosporine, USP (MODIFIED) and corticosteroids. The efficacy of Simulect for the prophylaxis of acute rejection in recipients of other solid organ allografts has not been demonstrated.

COMPENDIAL APPROVED OFF-LABELED USES:

None

COVERAGE CRITERIA: INITIAL AUTHORIZATION**DIAGNOSIS:**

prophylaxis of acute organ rejection

REQUIRED MEDICAL INFORMATION:**A. ACUTE ORGAN REJECTION PROPHYLAXIS:**

1. Documentation Member has received a kidney transplant
AND
2. Documentation the patient's prophylaxis therapy includes cyclosporine modified AND corticosteroids OR everolimus AND cyclosporine modified (reduced dose) AND corticosteroids
AND
3. Documentation Member is considered low risk for kidney rejection

DURATION OF APPROVAL:

5 days

QUANTITY:

IV-20 mg within 2 hours prior to transplant surgery, followed by a second 20 mg dose 4 days after transplantation. Pediatric: <35 kg 10 mg each dose; >35 kg 20 mg each dose. Patients previously administered basiliximab should only be re-exposed to a subsequent course of therapy with extreme caution.

PRESCRIBER REQUIREMENTS:

Prescribed by or in consultation with a transplant specialist or nephrologist. 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 with adequate laboratory and supportive medical resources

AGE RESTRICTIONS:

None

CONTINUATION OF THERAPY:

None

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:

All other uses of Simulect

(basiliximab) are considered experimental/investigational and therefore, will follow Molina's Off-Label policy. Patients previously administered basiliximab should only be re-exposed to a subsequent course of therapy with extreme caution.

OTHER SPECIAL CONSIDERATIONS:**BACKGROUND:****APPENDIX:**

REFERENCES:

1. Aasebø W, Midtvedt K, Valderhaug TG, et al, "Impaired Glucose Homeostasis in Renal Transplant Recipients Receiving Basiliximab," Nephrol Dial Transplant, 2010, 25(4):1289-93.
2. Brennen DC, Daller JA, Lake KD, et al, "Rabbit Antithymocyte Globulin Versus Basiliximab in Renal Transplantation," N Engl J Med, 2006, 355(19):1967-77.
3. Cintonino D, Riva S, Spada M, et al, "Corticosteroid-Free Immunosuppression in Pediatric Liver Transplantation: Safety and Efficacy After a Short-Term Follow-Up," Transplant Proc, 2006, 38(4):1099-100.
4. Clinckart F, Bulpa P, Jamart J, et al. Basiliximab as an alternative to antithymocyte globulin for early immunosuppression in lung transplantation. Transplant Proc. 2009;41(2):607-609.
5. Furuya Y, Jayarajan SN, Taghavi S, et al. The impact of alemtuzumab and basiliximab induction on Member survival and time to bronchiolitis obliterans syndrome in double lung transplantation recipients. Am J Transplant. 2016;16(8):2334-2341.
6. Kahan BD, Rajagopalan PR, and Hall M, "Reduction of the Occurrence of Acute Cellular

Rejection Among Renal Allograft Recipients Treated With Basiliximab, a Chimeric Anti-Interleukin-2-Receptor Monoclonal Antibody. United States Simulect Renal Study Group," Transplantation, 1999, 67(2):276-84.

7. Kidney Disease: Improving Global Outcomes (KDIGO) Transplant Work Group. KDIGO clinical practice guideline for the care of kidney transplant recipients. Am J Transplant. 2009;9 Suppl 3:S1-155.
8. Kovarik JM, Gridelli BG, Martin S, et al, "Basiliximab in Pediatric Liver Transplantation: A Pharmacokinetic-Derived Dosing Algorithm," Pediatr Transplant, 2002, 6(3):224-30.
9. Mehra MR, Zucker MJ, Wagoner L, et al, "A Multicenter, Prospective, Randomized, Double-Blind Trial of Basiliximab in Heart Transplantation," J Heart Lung Transplant, 2005, 24(9):1297-304.
10. Nashan B, Moore R, Amlot P, et al, "Randomised Trial of Basiliximab Versus Placebo for Control of Acute Cellular Rejection in Renal Allograft Recipients," Lancet, 1997, 350(9086):1193-8.
11. Neuhaus P, Clavien PA, Kittur D, et al, "Improved Treatment Response With Basiliximab Immunoprophylaxis After Transplantation: Results From a Double-Blind Randomized Placebo-Controlled Trial," Liver Transpl, 2002, 8(2):132-42.
12. Offner G, Toenshoff B, Höcker B, et al, "Efficacy and Safety of Basiliximab in Pediatric Renal Transplant Patients Receiving Cyclosporine, Mycophenolate Mofetil, and Steroids," Transplantation, 2008, 86(9):1241-8.
13. Schmidt-Hieber M, Feitz T, Knauf W, et al, "Efficacy of the Interleukin-2 Receptor Antagonist Basiliximab in Steroid-Refractory Acute Graft-Versus-Host Disease, Br J Haematol, 2005, 130(4):568-74.
14. Simulect (basiliximab) (prescribing information). East Hanover, NJ: Novartis Pharmaceuticals Corporation; July 2018.