

<b>POLICY NAME</b>	Uplizna (inebilizumab)	<b>POLICY #</b>	<b>2795P</b>
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## Criteria

### Coverage Criteria

- ☐ **1.1** Documented diagnosis of neuromyelitis optica spectrum disorder (NMOSD) with chart notes indicating the member exhibits at least one of the core clinical characteristics:
  - Optic neuritis (inflammation of the optic nerve)
  - Acute myelitis (a type of inflammation of the spinal cord)
  - Area postrema syndrome (episode of otherwise unexplained hiccups or nausea and vomiting)
  - Acute brainstem syndrome (lesions of the brain stem causing symptoms such as dizziness, vertigo, headache, facial pain, vision disturbances)
  - Symptomatic narcolepsy or acute diencephalic clinical syndrome with NMOSD-typical diencephalic MRI lesions (resulting from a rare type of central nervous system tumor)
  - Symptomatic cerebral syndrome with NMOSD-typical brain lesions
- ☐ **1.2** Documentation that the patient is anti-aquaporin-4 (AQP4) antibody positive
- ☐ **1.3** Ordered by a neuro-ophthalmologist or specialist in the treatment of NMOSD
- ☐ **1.4** Documentation that the member has been on a stable dose of immunosuppressive therapy (such as azathioprine, mycophenolate mofetil, oral corticosteroids, etc.)
- ☐ **1.5** Review of chart notes documenting diagnosis and confirming that patient has met all of the above requirements for treatment with Uplizna by both a pharmacist and a medical director

### Exclusion Criteria – Any of the following prevents coverage

- ☐ **2.1** Uplizna will not be approved for use in combination with Enspryng or Soliris