

POLICY NAME	Uplizna (inebilizumab)	POLICY #	2795P
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Criteria

Coverage Criteria

- ☐ 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
- ☐ Documentation that the patient is anti-aquaporin-4 (AQP4) antibody positive
- ☐ Ordered by a neuro-ophthalmologist or specialist in the treatment of NMOSD
- ☐ Documentation that the member has been on a stable dose of immunosuppressive therapy (such as azathioprine, mycophenolate mofetil, oral corticosteroids, etc.)
- ☐ 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

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