Effective Date: 09.08.2022

Nevada Health Solutions LLC

NHS MEDICAL POLICY

Uplizna (inebilizumab-cdon)
Medicine 2022-003

This document addresses the use of Uplizna (inebilizumab-cdon), a humanized monoclonal antibody directed against CD19 receptors on B cells. Uplizna treats neuromyelitis optica spectrum disorder (NMSOD) by depleting antibody-secreting plasma cells.

Uplizma may be approved if ALL the following are met:

1	Diagnosis of neuromyelitis optica spectrum disorder (NMOSD)
2	• Member is 18 years old. • Diagnosed with NMOSD • Documentation is provided that NMOSD is seropositive as confirmed by the presence of anti- aquaporin-4 (AQP4) antibodies; • Documentation is provided that individual has a history of at least 1 acute attack or relapse in the last 12 months prior to initiation of therapy; • Documentation is provided that individual has a history of at least 2 acute attacks or relapses in the last 24 months prior to initiation of therapy. • Not being used in combination with rituximab, eculinumab or satralizumab • No active hepatitis B (HBV) infection • No active or untreated latent hepatitis
3	Trial and failure, contraindication, or intolerance to rituximab
4	Prescribed by or in consultation with one of the following: Neurologist Ophthalmologist

B. Continuation of Uplizna may be indicated when the following is present:

Initial and continuation of therapy duration: 1 year. Documentation of positive clinical response to therapy required for continuation of therapy. (For example: a reduction in the frequency of relapse)

SOURCES

Aetna Clinical Policy Bulletins/Medical Clinical Policy Bulletins Number: 0975 Effective Date: 8/28/2020 Last Review: 8/12/2021
Blue Cross/Blue shield North /Carolina Corporate Medical Policy Effective Date: October 1, 2021
Optum RX SP Prior authorization Guideline Effective Date: 8/1/2021
United Health Care Policy Number: 2021D0091D Effective Date: August 1, 2021

CODE REFERENCE (This may not be a comprehensive list of codes to apply to this policy.)

J1823

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
08/23/2023	Annual review and approval by UM/QM Committee
12/20/2023	Annual review and approval by UM/QM Committee