



## 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.

#### Uplizna may be approved if ALL the following are met:

1	Diagnosis of neuromyelitis optica spectrum disorder (NMOSD)
2	<ul style="list-style-type: none"> <li>• Member is 18 years old.</li> <li>• Diagnosed with NMOSD</li> <li>• Documentation is provided that NMOSD is seropositive as confirmed by the presence of anti- aquaporin-4 (AQP4) antibodies;</li> <li>• 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;</li> <li>• 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.</li> <li>• Not being used in combination with rituximab, eculinumab or satralizumab</li> <li>• No active hepatitis B (HBV) infection</li> <li>• No active or untreated latent hepatitis</li> </ul>
3	Trial and failure, contraindication, <b>or intolerance to rituximab</b>
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
08/23/2024	Annual review and approval by UM/QM Committee
06/27/2025	Annual review and approval by UM/QM Committee