

Inebilizumab-cdon (Uplizna®)

Place of Service
Office Administration
Infusion Center Administration
Home Infusion Administration
Outpatient Facility Administration

HCPCS: J1823 per 1 mg

Condition listed in policy (*see criteria for details*)

- [Neuromyelitis optica spectrum disorder \(NMOSD\)](#)

AHFS therapeutic class: Immunomodulatory agent

Mechanism of action: CD19-directed cytolytic antibody

(1) Special Instructions and pertinent Information

Covered under the medical benefit, please submit clinical information for prior authorization review via fax.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for inebilizumab-cdon (Uplizna®) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Neuromyelitis optica spectrum disorder (NMOSD)

1. Prescribed by or in consultation with by a neurologist, **AND**
2. Attestation of anti-aquaporin-4 (AQP4) antibody positivity, **AND**
3. Meets one of the following:
 - a. Patient has had an inadequate response or intolerance to rituximab, or
 - b. Patient has not been treated with rituximab **AND** has a contraindication to Ruxience and Riabni

Covered Dose

Initial dose: Up to 300 mg IV x 1 followed two weeks later by a second dose of up to 300 mg IV
Subsequent doses (starting 6 months from the first infusion): 300 mg IV every 6 months

Coverage Period

Indefinite

ICD-10:

G36.0

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for inebilizumab-cdon (Uplizna®) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT medically necessary for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:

- 100 mg/10 mL (10 mg/mL) solution in a single-dose vial

(6) References

- AHFS®. Available by subscription at <http://www.lexi.com>
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
- Trebst C, Jarius S, Berthele A, et al. Update on the diagnosis and treatment of neuromyelitis optica: recommendations of the Neuromyelitis Optica Study Group (NEMOS). J Neurol. 2014;261(1):1-16.
- Uplizna® (inebilizumab-cdon) [Prescribing information]. Deerfield, IL: Horizon Therapeutics USA, Inc.; 7/2021.

(7) Policy Update

Date of last review: 4Q2022

Date of next review: 4Q2023

Changes from previous policy version:

- No clinical change to policy following routine annual review.

*BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee*