

Inebilizumab



Included Products: Uplinza (inebilizumab-cdon)

Nonformulary for outpatient benefit. PA required on medical benefit.

Created: 08/05/2020

Revised: 08/05/2020

Reviewed: 08/05/2020

Updated: 09/10/2021

Neuromyelitis Optica Spectrum Disorder (NMOSD)

Initial Criteria		If yes	If no
1.	Does the member have a diagnosis of neuromyelitis optica spectrum disorder (NMOSD) that is anti-aquaporin-4 antibody positive?	Continue to #2.	Do not approve.
2.	Is the request from a neurologist?	Continue to #3.	Do not approve.
3.	Has the member tried and failed 1) azathioprine or mycophenolate; 2) rituximab (Rituxan); and 3) Enspryng?	Continue to #4.	Do not approve.
4.	Has the case's medical necessity been confirmed with external specialist (MRloA) and medical director review?	Continue to #5.	Have these activities completed.
5.	Approve for 6 months.		
Renewal Criteria		If yes	If no
1.	Is there documentation which demonstrates a clinically significant and meaningful response to therapy?	Continue to #2.	Do not approve.
2.	Review with medical director.		