CARECONTINUUM™

UTILIZATION MANAGEMENT MEDICAL POLICY

POLICY: Uplizna Utilization Management Medical Policy
- Uplizna® (inebilizumab-cdon intravenous infusion – Horizon Therapeutics)

REVIEW DATE: 04/10/2024

OVERVIEW

Uplizna, a CD19-directed cytolytic antibody, is indicated for the treatment of **neuromyelitis optica spectrum disorder** (NMOSD) in adults who are anti-aquaporin-4 antibody-positive.[1] The recommended dose is 300 mg administered as an intravenous (IV) infusion under the close supervision of an experienced healthcare professional. The initial infusion is followed 2 weeks later by a second 300 mg IV infusion. Subsequent doses are administered once every 6 months (starting 6 months after the first infusion).

Disease Overview

NMOSD is a rare, relapsing, autoimmune central nervous system inflammatory disorder that can lead to significant morbidity and mortality.[2,3] The predominant symptoms are inflammation of the optic nerve (optic neuritis) and inflammation of the spinal cord (myelitis). Optic neuritis may lead to pain inside the eye and can progress to blindness. Myelitis tends to affect some, and often all, motor, sensory, and autonomic functions (bladder and bowel). Affected patients may experience pain in the spine or limbs, mild to severe paralysis of the lower limbs, and loss of bowel and bladder control.

The Neuromyelitis Optica Study Group (NEMOS) published revised recommendations for the treatment of NMOSD in 2024.[4] The standard of care for the treatment of NMOSD attacks (for both AQP4-IgG-positive and double-negative cases) are high-dose glucocorticoids and/or apheresis therapy. Long term immunotherapy is recommended for patients with AQP4-IgG-positive NMOSD. NEMOS notes the first-choice therapies for the treatment of AQP4-IgG-positive NMOSD are Uplizna, Enspryng® (satralizumab-mwge subcutaneous injection), Soliris® (eculizumab intravenous infusion), Ultomiris® (ravulizumab-cwyz intravenous infusion), and rituximab. The order of preference for these therapies is unclear and further comparative trials and real-world data are needed. The choice of treatment is dependent on several factors, including disease activity and severity, mode and onset of action, possibility to combine it with immunosuppressive drugs, effect on autoimmune and other comorbidities, gender (family planning issues), frequency and route of administration, side effect profile as well as patient and physician preference. In general, if a patient fails a first-choice treatment, another first-choice treatment should be tried; other options include use of a second-choice treatment (azathioprine, mycophenolate mofetil, low-dose oral glucocorticoids) or the addition of a second-choice treatment to the regimen.

POLICY STATEMENT

Prior Authorization is recommended for medical benefit coverage of Uplizna. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indication. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Uplizna as well as the monitoring required for adverse events and long-term efficacy, approval requires Uplizna to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Uplizna is recommended in those who meet the following criteria:

FDA-Approved Indication

1. **Neuromyelitis Optica Spectrum Disorder**. Approve if the patient meets ONE of the following (A or B):
   - **A)** Initial Therapy. Approve for 1 year if the patient meets ALL of the following (i, ii, and iii):
     - **i.** Patient is ≥ 18 years of age; AND
     - **ii.** Diagnosis of neuromyelitis optica spectrum disorder was confirmed by blood serum test for anti-aquaporin-4 antibody positive disease; AND
     - **iii.** The medication is being prescribed by or in consultation with a neurologist.
   - **B)** Patient is Currently Receiving Uplizna. Approve for 1 year if the patient meets ALL of the following (i, ii, iii, and iv):
     - **i.** Patient is ≥ 18 years of age; AND
     - **ii.** Diagnosis of neuromyelitis optica spectrum disorder was confirmed by blood serum test for anti-aquaporin-4 antibody positive disease; AND
     - **iii.** According to the prescriber, patient has had clinical benefit from the use of Uplizna; AND
       Note: Examples of clinical benefit include reduction in relapse rate, reduction in symptoms (e.g., pain, fatigue, motor function), and a slowing progression in symptoms.
     - **iv.** The medication is being prescribed by or in consultation with a neurologist.

   Dosing. Approve ONE of the following dosing regimens (A or B):
   - **A)** 300 mg by intravenous infusion once every 2 weeks for two doses; OR
   - **B)** 300 mg by intravenous infusion once every 6 months.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Uplizna is not recommended in the following situations:

1. **Concomitant Use With a Rituximab Product, Enspryng (satralizumab-mwge subcutaneous injection), or Soliris (eculizumab intravenous infusion).** There is no evidence to support additive efficacy of combining Uplizna with rituximab, Enspryng, or Soliris.

2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Uplizna® intravenous infusion [prescribing information]. Deerfield, IL: Horizon Therapeutics; July 2021.
2. National Organization for Rare Disorders. Neuromyelitis Optica Spectrum Disorder. Last updated July 27, 2022. Available at: https://rarediseases.org/rare-diseases/neuromyelitis-optica/. Accessed on April 5, 2024.
3. Chan KH, Lee CY. Treatment of neuromyelitis optica spectrum disorders. *Int J Mol Sci*. 2021;22(16):8638.
4. Kűmpfel T, Giglhuber K, Aktas O, et al. Update on the diagnosis and treatment of neuromyelitis optica spectrum disorders (NMOSD) – revised recommendations of the Neuromyelitis Optica Study Group (NEMOS). Part II: Attack therapy and long-term management. *J Neurol*. 2024;271:141-176.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	07/12/2023
Selected Revision	**Neuromyelitis Optica Spectrum Disorder – Initial Therapy:** Removed criterion that required prior use of two systemic therapies and criterion that patient has had a history of at least one relapse in the last 12 months or two relapses in the last 2 years. Uplizna is listed as a first-line treatment option in the Neuromyelitis Optica Study Group (NEMOS) recommendations for the treatment of Neuromyelitis Optica Spectrum Disorder (2024).	03/27/2024
Early Annual Revision	**Conditions Not Recommended for Approval:** Ultomiris (ravulizumab-cwyz intravenous infusion) received FDA approval for treatment of NMOSD and was added to the criterion "Concomitant Use with a Rituximab Product, Enspryng (satralizumab-mwge subcutaneous injection), or Soliris (eculizumab intravenous infusion)".	04/10/2024