Overview
Uplizna is indicated for the treatment of neuromyelitis optica spectrum disorder (NMOSD) in adult patients who are anti-aquaporin-4 (AQP4) antibody positive.

Coverage Guidelines
Authorization may be reviewed on a case by case basis for members new to AllWays Health Partners who are currently receiving treatment with the Uplizna excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR
Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:
1. Anti-aquaporin-4 (AQPR) antibody positive
2. Member exhibits one of the following core clinical characteristics of NMOSD:
   a. Optic neuritis
   b. Acute myelitis
   c. Area postrema syndrome (episode of otherwise unexplained hiccups or nausea and vomiting)
   d. Acute brainstem syndrome
   e. Symptomatic narcolepsy or acute diencephalic clinical syndrome with NMOSD-typical diencephalic magnetic resonance imaging (MRI) lesions
   f. Symptomatic cerebral syndrome with NMOSD-typical brain lesions
3. The member will not receive the requested drug concomitantly with other biologics for the treatment of NMOSD.

Continuation of Therapy
Reauthorization requires physician documentation of continuation of therapy and positive response to therapy (e.g., reduction in number of relapses) and the member will not receive the requested drug concomitantly with other biologics for the treatment of NMOSD.

**Limitations**

1. Initial approvals and reauthorizations will be for 12 months.
2. The following quantity limits apply:

| Uplizna 100mg/10mL | Loading dose: 60mL for 1 month | Maintenance dose: 60mL per 12 months |

**References**


**Review History**


**Disclaimer**

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.