



Coding at a Glance

The information contained in this guide is for informational purposes only and may not be all-inclusive. Billing and coding may vary by site of care, payer, and plan, and can change over time. UPLIZNA is commonly administered in the physician office, office-based infusion centers, hospital outpatient departments (HOPDs), hospital-based infusion centers, and in the home. This guide details coding, billing, coverage, and reimbursement for these sites of care. All claims that are submitted for UPLIZNA should be supported by documentation in the patient's medical record. It is the healthcare provider's responsibility to ensure proper billing and coding. Amgen does not guarantee coverage or reimbursement.

INDICATIONS

UPLIZNA[®] (inebilizumab-cdon) is indicated in adult patients for the treatment of: anti-aquaporin-4 (AQP4) antibody positive neuromyelitis optica spectrum disorder (NMOSD); Immunoglobulin G4-related disease (IgG4-RD); anti-acetylcholine receptor (AChR) or anti-muscle specific tyrosine kinase (MuSK) antibody positive (Ab+) generalized myasthenia gravis (gMG).

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

UPLIZNA[®] (inebilizumab-cdon) is contraindicated in patients with a history of a life-threatening infusion reaction to UPLIZNA, active hepatitis B infection, or active or untreated latent tuberculosis.

Please see additional Important Safety Information throughout and UPLIZNA [full Prescribing Information](#) at [UPLIZNAhcp.com](#).

Sample codes and billing considerations

Type	Code	Description
ICD-10-CM	G36.0	Neuromyelitis optica [Devic] • Demyelination in optic neuritis
	D89.84	Immunoglobulin G4-related disease
	G70.00*	Myasthenia gravis without (acute) exacerbation
	G70.01*	Myasthenia gravis with (acute) exacerbation
HCPCS	J1823	Injection, inebilizumab-cdon, 1 mg
NDC†	10-digit: 75987-150-03 11-digit: 75987-0150-03	Inebilizumab, 1 carton containing three 100 mg/10 mL single-dose vials Check with carrier for NDC format requirements
CPT® (administration procedures)	96413‡	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug Note: This code may be used for UPLIZNA infusion, initial 90 minutes
	+96415‡	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure) Note: This code may be used for UPLIZNA infusion intervals greater than 30 minutes beyond 1-hour increments (ie, infusion must run at least 91 minutes)

CPT codes continued on next page.

CPT, Current Procedural Terminology; EMR, electronic medical record; HCPCS, Healthcare Common Procedure Coding System; ICD-10-CM, International Classification of Diseases, Tenth Revision, Clinical Modification; NDC, National Drug Code.

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*Other potential codes relevant to generalized myasthenia gravis include: G70 (Category: Myasthenia gravis and other myoneural disorders); G70.0 (Category: Generalized myasthenia gravis). Healthcare professionals are responsible for selecting the most appropriate codes based on the patient's medical record and payer requirements.

†NDC codes: Payer requirements regarding the use of the 10- or 11-digit NDC may vary. Electronic data exchange generally requires the use of the 11-digit NDC. Check payer requirements for appropriate reporting of the NDC. You may need to add the NDC for UPLIZNA to your EMR system if not already included.

‡The term "chemotherapy" in 96401-96549 includes other highly complex drugs or highly complex biologic agents. Check payer requirements for UPLIZNA appropriate CPT administration codes.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS

Infusion Reactions: Infusion reactions, including anaphylaxis, can occur. Symptoms can include headache, nausea, somnolence, dyspnea, fever, myalgia, rash, or palpitations. Infusion reactions were observed in 9.3%, 7.4%, and 10.1% of patients treated with UPLIZNA during the randomized controlled periods (RCPs) of Study 1 in patients with NMOSD, Study 2 in patients with IgG4-RD, and Study 3 in patients with gMG, respectively. Infusion reactions were most common with the first infusion but were also observed during subsequent infusions.

Please see additional Important Safety Information throughout and UPLIZNA [full Prescribing Information](#) at [UPLIZNAhcp.com](#).



Sample codes and billing considerations (cont'd)

Type	Code	Description
CPT® (administration procedures)	96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour Note: This code may be used for UPLIZNA infusion, initial 90 minutes
	+96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure) Note: This code may be used for UPLIZNA infusion intervals greater than 30 minutes beyond 1-hour increments (ie, infusion must run at least 91 minutes)
	+96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure) Note: This code may be used to report the intravenous administration of a corticosteroid on the same day as an UPLIZNA infusion
Revenue Codes	0250	Pharmacy, general
	0260	Intravenous therapy, general
	0636	Drugs requiring detailed coding

CPT, Current Procedural Terminology.
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3 Please see Important Safety Information throughout and UPLIZNA [full Prescribing Information](https://www.uplizna.com) at [UPLIZNAhcp.com](https://www.upliznahcp.com).



Sample codes and billing considerations (cont'd)

Codes used in laboratory testing

The following CPT® codes may be appropriate to report laboratory testing services to assist with diagnosing neuromyelitis optica spectrum disorder (NMOSD) in adult patients who are aquaporin-4-immunoglobulin G (AQP4-IgG) antibody positive.*

CPT Code	Description
86052	Aquaporin-4 (neuromyelitis optica [NMO]) antibody; cell-based immunofluorescence assay (CBA), each
86051	Aquaporin-4 (neuromyelitis optica [NMO]) antibody; enzyme-linked immunosorbent immunoassay (ELISA)
86053	Aquaporin-4 (neuromyelitis optica [NMO]) antibody; flow cytometry (ie, fluorescence-activated cell sorting [FACS]), each
86256	Fluorescent noninfectious agent antibody; titer, each antibody

*Effective January 1, 2022, AQP4-IgG screening may be coded using 86051-86053. If positive, a titer may be coded using 86256. A titer may be billed after a screening of the same sample on the same date of service.

Codes used in premedication

Prior to receiving UPLIZNA, premedications must be given to reduce the risk of infusion reaction. Below are codes that may be appropriate for reporting select UPLIZNA premedications:

HCPCS Drug Code	Description	Administration Time Prior to UPLIZNA Infusion
J2919	Injection, methylprednisolone sodium succinate, 5 mg	30 minutes
J1010	Injection, methylprednisolone acetate, 1 mg	30 minutes
J8499†	Prescription drug, oral, non-chemotherapeutic, NOS (not otherwise specified)‡	30-60 minutes

†Some payers may require J8499 and/or NDC when reporting OTC drugs. Check payer-specific requirements to determine how to report these drugs.

‡Use for OTC oral antihistamine and oral antipyretic.

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CPT, Current Procedural Terminology; HCPCS, Healthcare Common Procedure Coding System; NDC, National Drug Code; OTC, over-the-counter.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Infusion Reactions (cont'd):

Administer pre-medication with a corticosteroid, an antihistamine, and an antipyretic. For life-threatening infusion reactions, immediately and permanently stop UPLIZNA and administer appropriate supportive treatment.

For less severe infusion reactions, management may involve temporarily stopping the infusion, reducing the infusion rate, and/or administering symptomatic treatment.

Please see additional Important Safety Information throughout and UPLIZNA [Full Prescribing Information](#) at [UPLIZNAhcp.com](#).



Sample codes and billing considerations (cont'd)

CPT® and HCPCS codes for infusion service

When billing for UPLIZNA and related premedications in the home, the following CPT and HCPCS codes may be appropriate for administration in the home depending on the payer:

Code	Description
99601	Home infusion/specialty drug administration, per visit (up to 2 hours)
+99602	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (list separately in addition to code for primary procedure)
S9329	Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with S9330 or S9331)
S9331	Home infusion therapy, intermittent (less than 24 hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9810	Home therapy; professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified, per hour (do not use this code with any per diem code)

Note: This is not an all-inclusive list as codes for home services may vary by payer.

Billing for a single infusion of UPLIZNA requires split claim billing due to character limits on the CMS-1500 form (and its electronic equivalent 837P) used in physician offices, office-based infusion centers, and home sites of care. The charge fields for dollar amounts (24F and 28 on the CMS-1500 and Loop ID 2400/Segment SV102 and Loop ID 2300/Segment CLM02 on the 837P) have a 7-character limit (the highest value allowed on a single claim form is \$99,999.99). Claims with charges over this amount must be billed on multiple claim forms (ie, split claim billing).

CMS, Centers for Medicare & Medicaid Services; CPT, Current Procedural Terminology; HCPCS, Healthcare Common Procedure Coding System.

Responsibility for properly submitting claims lies with the healthcare provider. We make no representations about the eligibility or guarantee of coverage, coding, or reimbursement for any particular claim. It is the responsibility of the healthcare provider to choose the most appropriate code as documented in the patient's medical chart and submit the appropriate codes, charges, and modifiers for services or items rendered or applied. Your patient's enrollment in Amgen By Your Side will in no way guarantee reimbursement.

The content herein is based on information current as of April 2025 and may have changed.

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Please see Important Safety Information throughout and UPLIZNA [full Prescribing Information](#) at [UPLIZNAhcp.com](#).

UPLIZNA[®]
inebilizumab-cdon

Sample CMS-1500 form

Use to submit claims to commercial insurance or Medicare for UPLIZNA administered in physician offices, office-based infusion centers, or home sites of care. **Billing for a single infusion of UPLIZNA requires split claim billing due to character limits on the CMS-1500 form used in physician offices, office-based infusion centers, and home sites of care. See next page for an example of split claim billing.**

- 1 Item 19**
The maximum number of characters allowed for any dollar amount field on the CMS-1500 or 837P form is 7. When more characters are needed, splitting the billing on separate claims may be required. Indicate that this is a split claim. Example: Claim 1 of 2: Dollar amount exceeds line amount. Check with individual payers to confirm the information needed.
Note: Item 19 has a 71-character limit.
- 2 Item 21**
Enter the appropriate ICD-10-CM diagnosis code(s) for the encounter; please see list of potential ICD-10-CM codes on Page 2.
- 3 Item 23**
Enter the prior authorization number (if applicable).
- 4 Item 24A**
Qualifier N4 should be added before the 11-digit NDC (eg, N475987015003).
- 5 Item 24B**
Enter the appropriate place of service code (eg, 11 for physician office or 49 for independent clinic [office-based infusion center]).
- 6 Item 24D**
Enter the appropriate HCPCS (J1823 Injection, inebilizumab-cdon, 1 mg for UPLIZNA) and CPT® codes (see list of potential CPT codes on Pages 2-3). *Include any additional modifiers as required by the payer.*
- 7 Item 24E:** Enter the letter that corresponds to the ICD-10-CM code reported in Item 21.

- 8 Item 24F:** Indicate charges for first claim (up to the 7-character limit). Example: Enter dollar amount for 200 units of UPLIZNA.
- 9 Item 24G:** Enter the number of units. Example: 200 units for 200 mg of UPLIZNA.

Refer to the UPLIZNA Billing and Coding Guide for more detailed information about sample codes and additional resources.

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CMS, Centers for Medicare and Medicaid Services; CPT, Current Procedural Terminology; HCPCS, Healthcare Common Procedure Coding System; ICD-10-CM, International Classification of Diseases, 10th Revision, Clinical Modification; NDC, National Drug Code.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Infections: Serious, including life-threatening or fatal, bacterial, fungal, and new or reactivated viral infections have been observed during and following completion of treatment with B-cell depleting therapies, including UPLIZNA. The most common infections reported by UPLIZNA-treated patients in the NMOSD randomized and open-label clinical trial periods for NMOSD were urinary tract infection (20%), nasopharyngitis (13%), upper respiratory tract infection (8%), and influenza (7%). In the IgG4-RD RCP, the most common infections reported by UPLIZNA-treated patients were urinary tract infection, influenza, and pneumonia. In the gMG RCP, the most common infections reported by UPLIZNA-treated patients were urinary tract infection and nasopharyngitis. Delay UPLIZNA administration in patients with an active infection until the infection is resolved.

Please see additional Important Safety Information throughout and UPLIZNA full Prescribing Information at UPLIZNAhcp.com.



Special billing circumstances

UPLIZNA requires split claim billing for CMS-1500/837P

The CMS-1500 paper professional claim form (and electronic 837P) has character limitations for each field. The charge fields for dollar amounts (24F and 28 on the CMS-1500 and Loop ID 2400/Segment SV102 and Loop ID 2300/Segment CLM02 on the 837P) have a 7-character limit (the highest value allowed on a single claim form is \$99,999.99). Claims with charges over this amount must be billed on multiple claim forms (ie, split claim billing).

Billing for a single infusion of UPLIZNA requires split claim billing since UPLIZNA charges typically exceed the maximum charge character limits. Charges on claims may be done in multiple ways, as long as the charges on a single claim do not exceed \$99,999.99.

An explanation for multiple claims for 1 date of service is typically required in the Additional Claim Information field of the claim form. Below is **one example** (for illustrative purposes only) of how an UPLIZNA claim may be split. **Consult with individual payers regarding split claim billing preferences.**

CMS-1500 (837P) Claim 1																					
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) Claim 1 of 2: Dollar amount exceeds line amount											20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO	\$ CHARGES									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) A. XXXX B. C. D. E. F. G. H. I. J. K. L.											22. RESUBMISSION CODE	ORIGINAL REF. NO.									
23. PRIOR AUTHORIZATION NUMBER																					
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPST/ Family Pen I. ID. QUAL. J. RENDERING PROVIDER ID. #																					
MM	DD	YY	MM	DD	YY																
N4	75	98	70	15	003	ML20															
MM	DD	YY	MM	DD	YY																

- Item 19. Additional Claim Information:** Indicate that this is a split claim. Example: **Claim 1 of 2: dollar amount of dose exceeds line amount.** **Note:** Item 19 has a 71-character limit.
- Item 24A Date(s) of Service:** Enter the appropriate UoM for the claim. Example: 200 mg = 200 units = ML20.
- Item 24D. Procedures, Services, or Supplies:** Indicate appropriate HCPCS (J1823 Injection, inebilizumab-cdon, 1 mg) and CPT® codes (Please see list of potential CPT codes on Pages 2-3). *Include any additional modifiers as required by the payer.*
- Item 24F. Charges:** Indicate charges for first claim (up to the 7-character limit). Example: Enter dollar amount for 200 units of UPLIZNA.
- Item 24G. Days or Units:** Enter the number of units. Example: 200 units for 200 mg of UPLIZNA.

CMS-1500 (837P) Claim 2																					
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) Claim 2 of 2: Remaining dollar amount from claim 1 exceeds line amount											20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO	\$ CHARGES									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) A. XXXX B. C. D. E. F. G. H. I. J. K. L.											22. RESUBMISSION CODE	ORIGINAL REF. NO.									
23. PRIOR AUTHORIZATION NUMBER																					
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPST/ Family Pen I. ID. QUAL. J. RENDERING PROVIDER ID. #																					
MM	DD	YY	MM	DD	YY																
N4	75	98	70	15	003	ML10															
MM	DD	YY	MM	DD	YY																

- Item 19. Additional Claim Information:** Indicate that this is a split claim. Example: **Claim 2 of 2: remaining dollar amount from claim 1 dose exceeds line amount.**
- Item 24A Date(s) of Service:** Enter the appropriate UoM for the claim. Example: 100 mg = 100 units = ML10.
- Item 24D. Procedures, Services, or Supplies:** Indicate appropriate HCPCS (J1823 Injection, inebilizumab-cdon, 1 mg) and CPT® codes (Please see list of potential CPT codes on Pages 2-3). *Include any additional modifiers as required by the payer.*
- Item 24F. Charges:** Indicate charges for the second claim (up to the 7-character limit). Example: Enter dollar amount for 100 units of UPLIZNA. Example: The administration code on the second claim may be billed with 0.00.
- Item 24G. Days or Units:** Enter the number of units. Example: 100 units for 100 mg of UPLIZNA. The unit for the administration code may be 1 on the second claim.

CMS, Centers for Medicare and Medicaid Services; CPT, Current Procedural Terminology; HCPCS, Healthcare Common Procedure Coding System; UoM, unit of measure.

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Sample CMS-1450/UB-04 form

Use to submit claims to commercial insurance or Medicare for UPLIZNA administered in the hospital outpatient department or hospital-based infusion center.

- 1 FL 42**
Enter the revenue codes. Please see list of potential revenue codes on Page 3.
- 2 FL 43**
Enter the corresponding code description for the HCPCS listed in FL44.
 - Enter the NDC number in the unshaded area in FL43
 - Qualifier N4 should be added before the 11-digit NDC
 - Eg, N475987015003
 - Confirm with individual payer how NDC numbers should be reported on the claim (ie, some may require unit of measure and quantity of drug)
- 3 FL 44**
Enter the appropriate HCPCS (J1823 Injection, inebilizumab-cdon, 1 mg for UPLIZNA) and CPT® codes (see list of potential CPT codes on Pages 2-3). *Include any additional modifiers required by the payer.*
- 4 FL 46**
Document the number of units used for each line item.
 - When billing for UPLIZNA with J1823, 1 unit represents 1 mg of UPLIZNA. UPLIZNA should be billed based on units, not the number of milligrams
 - A 300 mg dose of UPLIZNA would be reported with 300 billing units
- 5 FL 67**
Enter the appropriate ICD-10-CM diagnosis code(s) for the encounter; please see list of potential ICD-10-CM codes on Page 2.

Call 1-844-469-4297 or visit UPLIZNAhcp.com to initiate enrollment for your patient in the Amgen By Your Side patient support program by submitting the patient enrollment form. Your patient must complete enrollment to access our patient-focused services and resources.

CMS, Centers for Medicare and Medicaid Services; CPT, Current Procedural Terminology; HCPCS, Healthcare Common Procedure Coding System; ICD-10-CM, International Classification of Diseases, 10th Revision, Clinical Modification; IV, intravenous; NDC, National Drug Code. CPT Copyright 2024 American Medical Association. All rights reserved.

IMPORTANT SAFETY INFORMATION (cont'd) WARNINGS AND PRECAUTIONS (cont'd)

Infections (cont'd):

Possible Increased Risk of Immunosuppressant Effects with Other Immunosuppressants:

If combining UPLIZNA with another immunosuppressive therapy, consider the potential for increased immunosuppressive effects.

Please see additional Important Safety Information throughout and UPLIZNA [full Prescribing Information](http://UPLIZNAhcp.com) at UPLIZNAhcp.com.



IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

• Infections: (cont'd)

Hepatitis B Virus (HBV) Reactivation: HBV reactivation has been observed with B-cell-depleting therapies, including UPLIZNA. Fulminant hepatitis, hepatic failure, and death caused by HBV reactivation have occurred in patients treated with B-cell depleting therapies. HBV reactivation was observed in a patient treated with UPLIZNA during the gMG clinical trial and in the postmarketing setting. Patients with active or chronic HBV infection were excluded from clinical trials. Perform HBV screening in all patients before initiation of treatment. Do not administer to patients with active HBV confirmed by positive results for HBsAg and anti-HB tests. For patients who are negative for HBsAg and positive for HBeAb, or who are carriers of HBV (i.e., HBsAg+), consult liver disease experts before starting and during treatment.

Progressive Multifocal Leukoencephalopathy (PML): Although no confirmed cases of PML were identified in UPLIZNA clinical trials, JC virus infection resulting in PML has been observed in patients treated with other B-cell-depleting antibodies and other therapies that affect immune competence. In UPLIZNA clinical trials one subject died following the development of new brain lesions for which a definitive diagnosis could not be established, though the differential diagnosis included an atypical NMOSD relapse, PML, or acute disseminated encephalomyelitis. At the first sign or symptom suggestive of PML, withhold UPLIZNA and perform an appropriate diagnostic evaluation. MRI findings may be apparent before clinical signs or symptoms. Typical symptoms associated with PML are diverse, progress over days to weeks, and include progressive weakness on one side of the body or clumsiness of limbs, disturbance of vision, and changes in thinking, memory, and orientation leading to confusion and personality changes.

Tuberculosis

Patients should be evaluated for tuberculosis risk factors and tested for latent infection prior to initiating UPLIZNA. Consider anti-tuberculosis therapy prior to initiation of UPLIZNA in patients with a history of latent active tuberculosis in whom an adequate course of treatment cannot be confirmed, and for patients with a negative test for latent tuberculosis but having risk factors for tuberculosis infection. Consult infectious disease experts regarding whether initiating anti-tuberculosis therapy is appropriate before starting treatment.

Vaccinations

Administer all immunizations according to immunization guidelines at least 4 weeks prior to initiation of UPLIZNA. The safety of immunization with live or live-attenuated vaccines following UPLIZNA therapy has not been studied, and vaccination with live-attenuated or live vaccines is not recommended during treatment and until B-cell repletion.

Vaccination of Infants Born to Mothers Treated with UPLIZNA During Pregnancy

In infants of mothers exposed to UPLIZNA during pregnancy, do not administer live or live-attenuated vaccines before confirming recovery of B-cell counts in the infant. Depletion of B cells in these exposed infants may increase the risks from live or live-attenuated vaccines. Non-live vaccines, as indicated, may be administered prior to recovery from B-cell and immunoglobulin level depletion, but consultation with a qualified specialist should be considered to assess whether a protective immune response was mounted.

- **Reductions in Immunoglobulins:** There may be a progressive and prolonged hypogammaglobulinemia or decline in the levels of total and individual immunoglobulins such as immunoglobulins G and M (IgG and IgM) with continued UPLIZNA treatment. Monitor the levels of quantitative serum immunoglobulins during treatment with UPLIZNA, especially in patients with opportunistic or recurrent infections, and until B-cell repletion after discontinuation of therapy. Consider discontinuing UPLIZNA therapy if a patient with low immunoglobulin G or M develops a serious opportunistic infection or recurrent infections, or if prolonged hypogammaglobulinemia requires treatment with intravenous immunoglobulins.
- **Fetal Risk:** Based on animal data, UPLIZNA can cause fetal harm due to B-cell lymphopenia and reduce antibody response in offspring exposed to UPLIZNA even after B-cell repletion. Transient peripheral B-cell depletion and lymphocytopenia have been reported in infants born to mothers exposed to other B-cell-depleting antibodies during pregnancy. Advise females of reproductive potential to use effective contraception while receiving UPLIZNA and for at least 6 months after the last dose.

ADVERSE REACTIONS

- The most common adverse reactions (at least 10% of patients treated with UPLIZNA and greater than placebo): urinary tract infection and arthralgia in NMOSD; urinary tract infection and lymphopenia in IgG4-RD; headache and infusion-related reactions in gMG.

Please see UPLIZNA [full Prescribing Information](https://www.uplizna.com) at [UPLIZNAhcp.com](https://www.uplizna.com).



Amgen By Your Side

Amgen is committed to assisting patients throughout their access and treatment journey. We have developed this Billing and Coding Guide to provide you with the information you need to help with the reimbursement process for UPLIZNA. **Amgen By Your Side** is a support program for patients prescribed UPLIZNA. After your patient has enrolled, they will be paired with a dedicated support partner, called a Patient Access Liaison (PAL). Their PAL can be a partner, providing nonmedical education to help them navigate their unique treatment experience—including information on insurance, financial support options, important appointment-related information, and other patient support services.



Our dedicated team is your patient's partner, committed to providing nonmedical support to help patients as they start and continue on treatment as prescribed.

Call **1-844-469-4297** Monday through Friday, 9 AM to 8 PM ET or visit [AmgenByYourSide.com](https://www.AmgenByYourSide.com)



For additional support resources, visit [UPLIZNAhcp.com](https://www.UPLIZNAhcp.com)

Please see Important Safety Information throughout and UPLIZNA [full Prescribing Information](#) at [UPLIZNAhcp.com](https://www.UPLIZNAhcp.com).