CLAIMS

1. Use of a B cell depleting therapy in the manufacture of a medicament for treating neuromyelitis optica spectrum disorder (NMOSD) in a subject in need thereof, wherein a therapeutically effective amount of the B cell depleting therapy is to be administered to the subject in need thereof, wherein a sample of the subject has an elevated glial fibrillary acidic protein (GFAP) concentration.

2. The use of claim 1, wherein the elevated GFAP concentration is ≥ 2 standard deviations above a healthy donor mean concentration.

3. The use of claim 1, wherein the elevated GFAP concentration is at least about 170 pg/mL.

4. The use of claim 1, wherein the administration is capable of reducing: (a) a number of NMOSD-related attacks in the subject in need thereof after the administering as compared to a baseline number of NMOSD-related attacks in the subject in need thereof before the administering; or (b) a number of NMOSD-related attacks in the subject in need thereof after the administering as compared to an otherwise comparable control subject lacking the administering.

5. The use of claim 1, wherein the administration is effective at reducing: (a) a number of magnetic resonance imaging (MRI) lesions; (b) a rate of increase in new MRI lesions; or (c) both (a) and (b).

6. The use of claim 1, wherein the administration is effective at: (a) reducing a rate of worsening of expanded disability status scale (EDSS) score; or b) improving the EDSS score.

7. The use of claim 1, wherein the administration is effective at preventing NMOSD relapse in the subject as determined by: (a) a reduction in a number of MRI lesions; (b) a reduction in size of MRI lesions; or (c) both (a) and (b).

8. The use of claim 1, wherein the administration is effective at suppressing an NMOSD-related attack in the subject.

9. The use of claim 8, wherein the subject is to be administered a second therapeutic selected from the group consisting of: a steroid, plasmapheresis, immunoadsorption, and a complement inhibitor.

10. The use of claim 8, wherein the subject is to be administered a second therapeutic selected from the group consisting of: Eculizumab, Satralizumab, Ublituximab, Ravulizumab, Rituximab, Azathioprine, Mycophenolate Mofetil, a low dose corticosteroid, and any combination thereof.

11. The use of claim 1, wherein the B cell depleting therapy is selected from the group consisting of an: anti-CD19 antibody, anti-CD20 antibody, and an anti-CD22 antibody.

12. The use of claim 11, wherein the B cell depleting therapy is the anti-CD19 antibody.

13. The use of claim 12, wherein the anti-CD19 antibody comprises Inebilizumab.

14. The use of claim 13, wherein the Inebilizumab is to be administered at a dose of 300 mg.

15. The use of claim 1, wherein the administration is to be repeated every six months.

16. Use of Inebilizumab in the manufacture of a medicament for treating neuromyelitis optica spectrum disorder (NMOSD) in a subject in need thereof, wherein a therapeutically effective amount of Inebilizumab is to be administered to the subject in need thereof, wherein a serum sample of the subject has an elevated concentration of a biomarker selected from the group consisting of: glial fibrillary acidic protein (GFAP), neurofilament light chain (NfL), ubiquitin carboxyl-terminal hydrolase L1 (UCH-L1), and TAU.

17. The use of claim 16, wherein the biomarker is GFAP.

18. The use of claim 16, wherein the biomarker is TAU.

19. The use of claim 16, wherein the biomarker is UCHL1.

20. The use of claim 16, wherein the biomarker is NfL.

21. The use of claim 16, wherein the administering comprises 300 mg of Inebilizumab administered every six months.

22. The use of claim 16, wherein prior to the administration, the subject is selected as comprising the elevated concentration of the biomarker.

23. The use of claim 16, wherein the administration is effective at reducing: (a) a number of NMOSD-related attacks in the subject in need thereof after the administering as compared to a baseline number of NMOSD-related attacks in the subject in need thereof before the administering; or (b) a number of NMOSD-related attacks in the subject in need thereof after the administering as compared to an otherwise comparable control subject lacking the administering.

24. The use of claim 16, wherein the administration is effective at reducing: (a) a number of magnetic resonance imaging (MRI) lesions; (b) a rate of increase in new MRI lesions; or (c) both (a) and (b).

25. The use of claim 16, wherein the administration is effective at: (a) reducing a rate of worsening of expanded disability status scale (EDSS) score; or b) improving the EDSS score.

26. The use of claim 16, wherein the administration is effective at preventing NMOSD relapse in the subject as determined by: (a) a reduction in a number of MRI lesions; (b) a reduction in size of MRI lesions; or (c) both (a) and (b).

27. The use of claim 16, wherein the administration is effective at suppressing an NMOSD-related attack in the subject.

28. The use of claim 17, wherein the elevated GFAP concentration is $\geq$ 2 standard deviations above a healthy donor mean concentration.

29. The use of claim 16, wherein the serum sample is positive for all of GFAP, NfL, UCH-L1, and TAU.

30. Use of Inebilizumab in the manufacture of a medicament for treating neuromyelitis optica spectrum disorder (NMOSD) in a subject in need thereof, wherein Inebilizumab is to be administered to a subject in need, wherein a sample of the subject has been determined to have an elevated concentration of a biomarker of neuronal injury.

31. The use of claim 30, wherein the biomarker of neuronal injury is selected from the group consisting of: glial fibrillary acidic protein (GFAP), neurofilament light chain (NfL), ubiquitin carboxyl-terminal hydrolase L1 (UCH-L1), and TAU.