Pharmacy Drug Policy & Procedure

Policy Name:	Enspryng (satralizumab)	Policy #:	2794P

Purpose of the Policy

The purpose of this policy is to define the criteria for coverage of Enspryng.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Enspryng under the specialty pharmacy benefit when the following criteria have been met.

Criteria

1. Coverage Criteria

1.1 Documented diagnosis of neuromyelitis optica spectrum disorder (NMOSD) with chart notes indicating the member exhibits at least one of the core clinical characteristics:
- Optic neuritis (inflammation of optic nerve)
- Acute myelitis (a type of inflammation of the spinal cord)
- Area postrema syndrome (episode of otherwise unexplained hiccups or nausea and vomiting)
- Acute brainstem syndrome (lesions of the brain stem causing symptoms such as dizziness, vertigo, headache, facial pain, vision disturbances)
- Symptomatic narcolepsy or acute diencephalic clinical syndrome with NMOSD-typical diencephalic MRI lesions (resulting from a rare type of central nervous system lesion)
- Symptomatic cerebral syndrome with NMOSD-typical brain lesions

1.2 Documentation that the patient is anto-aquaporin-4 (AQP4) antibody positive

1.3 Ordered by a neuro-ophthalmologist or specialist in the treatment of NMOSD

1.4 Documentation that the member has been on a stable dose of immunosuppressive therapy (i.e., azathioprine, mycophenolate mofetil, oral corticosteroids, etc.)

1.5 Review of chart notes documenting diagnosis and confirming that patient has met all of the above requirements for treatment with Enspryng by both a pharmacist and a medical director

2. Exclusion Criteria

2.1 Enspryng will not be approved for use in combination with Uplizna or Soliris

3. Approval Period

3.1 Initial Approval: 12 months

3.2 Subsequent Approvals: 12 months with documented beneficial response (e.g., reduction in number of relapses)

CPT Codes

HCPCS Codes

References

1. Enspryng (satralizumab) [prescribing information]. South San Francisco, CA: Genentech Inc; March 2022.
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3. Traboulsee A, Greenberg BM, Bennett JL, et al. Safety and efficacy of satralizumab monotherapy in neuromyelitis optica spectrum disorder: a randomised, double-blind, multicentre, placebo-controlled phase 3

trial. Lancet Neurol. 2020;19(5):402-412.
4. Chang VTW, Chang HM. Review: recent advances in the understanding of the pathophysiology of neuromyelitis optica spectrum disorder. Neuropathol Appl Neurobiol. 2020;46(3):199-218.
5. Kessler RA, Mealy MA, Levy M. Treatment of Neuromyelitis Optica Spectrum Disorder: Acute, Preventive, and Symptomatic. Curr Treat Options Neurol. 2016 Jan;18(1):2.

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