



Commercial/Healthcare Exchange PA Criteria

Effective: November 11, 2020

Prior Authorization: Enspryng

Products Affected: Enspryng (satralizumab-mwge) syringes

Medication Description: Satralizumab is an antagonist of the interleukin-6 (IL-6) receptor. Satralizumab is presumed to inhibit IL-6-mediated signaling through binding to soluble and membrane-bound IL-6 receptors.

Covered Uses: Treatment of neuromyelitis optica spectrum disorder (NMOSD) in adult patients who are anti-aquaporin-4 (AQP4) antibody positive.

Exclusion Criteria:

1. Active hepatitis B infection
2. Active or untreated latent tuberculosis
3. Known hypersensitivity to satralizumab
4. Concurrent use with Soliris or Uplizna

Required Medical Information:

1. Diagnosis
2. Blood serum test for anti-aquaporin-4 antibody positive
3. Previous medications tried/failed

Age Restrictions: 18 years of age or older

Prescriber Restrictions: Prescribed by, or in consultation with, a neurologist or an ophthalmologist

Coverage Duration:

Initial: 6 months

Continuation: 1 year

Other Criteria:

Neuromyelitis Optica Spectrum Disorder

Initial:

- A. Patient has a diagnosis of neuromyelitis optica spectrum disorder (NMOSD) confirmed by blood serum test for anti-aquaporin-4 antibody positive; **AND**
- B. Patient is currently receiving or has had a previous trial with, contraindication to, or intolerance to at least TWO of the following systemic therapies:
 - a. Azathioprine; **OR**
 - b. Corticosteroid; **OR**
 - c. Mycophenolate mofetil; **OR**
 - d. Rituximab; **AND**

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C. Patient has a history of at least one relapse in the last 12 months or two relapses in the last 2 years

*Note: Patients who have already tried Soliris or Uplizna for neuromyelitis optica spectrum disorder are not required to try another systemic agent

Continuation:

A. Patient achieves or maintains a positive clinical response with Enspryng as evidenced by reduction in relapse rate, reduction in symptoms (e.g., pain, fatigue, motor function), or a slowing progression in symptoms

References:

1. Enspryng (satralizumab-mwge) [Prescribing Information] San Francisco, CA: Roche; Aug 2020. Accessed Oct 4, 2020.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	11/11/20

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