

<b>Policy Name:</b>	<b>Enspryng (satralizumab)</b>	<b>Policy #:</b>	<b>2794P</b>
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## 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 and Health Alliance Northwest 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 auto-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

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## HCPCS Codes

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## References

1. Enspryng (satralizumab) [prescribing information]. South San Francisco, CA: Genentech Inc; March 2022.
2. Sherman E, Han MH. Acute and Chronic Management of Neuromyelitis Optica Spectrum Disorder. *Curr Treat Options Neurol* 2015; 17:48.
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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