PHARMACY POLICY STATEMENT
North Carolina Marketplace

DRUG NAME	Enspryng (satralizumab-mwge)
BENEFIT TYPE	Pharmacy
STATUS	Prior Authorization Required

Enspryng is an interleukin-6 (IL-6) receptor antagonist indicated for the treatment of neuromyelitis optica spectrum disorder (NMOSD) in adult patients who are anti-aquaporin-4 (AQP4) antibody positive. Neuromyelitis optica spectrum disorder (NMOSD) is a rare, autoimmune disease of the central nervous system that primarily attacks the optic nerves and spinal cord leading to blindness and paralysis.

Enspryng (satralizumab-mwge) will be considered for coverage when the following criteria are met:

Neuromyelitis Optica Spectrum Disorder (NMOSD)

For **initial** authorization:

1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with a neurologist; AND
3. Member has a documented diagnosis of NMOSD and is seropositive for aquaporin-4 (AQP4) IgG antibodies; AND
4. Member has had 1 or more relapses within the past year; AND
5. Member has tried and failed rituximab for at least 6 months (requires prior auth); AND
6. Member has tested negative for hepatitis B and tuberculosis within the past year or there is attestation they will be tested before starting treatment.
7. **Dosage allowed/Quantity limit:** 120mg subQ at weeks 0, 2, and 4, then 120mg every 4 weeks thereafter.
   QL: 1 syringe per 28 days (maintenance)

If all the above requirements are met, the medication will be approved for 6 months.

For **reauthorization**:

1. Chart notes must document disease stabilization, symptom improvement, and/or reduced frequency of relapses compared to baseline.

If all the above requirements are met, the medication will be approved for an additional 12 months.

CareSource considers Enspryng (satralizumab-mwge) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
10/16/2020	New policy for Enspryng created.
07/14/2023	Transferred to new template.

04/22/2024	Removed azathioprine, mycophenolate trial options (rituximab more effective per guidelines).

References:

1. 2021 Georgia Code Title 33 – Insurance Chapter 20A - Managed Health Care Plans Article 2 - Patient's Right to Independent Review § 33-20A-31 Definitions. Justia US Law. Accessed April 25, 2023. https://law.justia.com/codes/georgia/2021/title-33/chapter-20a/article-2/section-33-20a-31/.
2. Enspryng (satralizumab-mwge) [package insert]. South San Francisco, CA: Genentech, Inc.; 2022.
3. Kessler RA, Mealy MA, Levy M. Treatment of Neuromyelitis Optica Spectrum Disorder: Acute, Preventive, and Symptomatic. *Curr Treat Options Neurol*. 2016;18(1):2. doi:10.1007/s11940-015-0387-9
4. Weinshenker B. Neuromyelitis Optica Spectrum Disorder. NORD (National Organization for Rare Disorders). https://rarediseases.org/rare-diseases/neuromyelitis-optica/. Published August 25, 2020. Accessed October 2, 2020.
5. Mealy MA, Wingerchuk DM, Palace J, Greenberg BM, Levy M. Comparison of relapse and treatment failure rates among patients with neuromyelitis optica: multicenter study of treatment efficacy. *JAMA Neurol*. 2014;71(3):324-330. doi:10.1001/jamaneurol.2013.5699
6. IPD Analytics. Accessed October 2, 2020.
7. Yamamura T, Kleiter I, Fujihara K, et al. Trial of Satralizumab in Neuromyelitis Optica Spectrum Disorder. *N Engl J Med*. 2019;381(22):2114-2124. doi:10.1056/NEJMoa1901747
8. 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. doi:10.1016/S1474-4422(20)30078-8

Effective date: 10/01/2024
Revised date: 04/22/2024