

## Satralizumab (Enspryng)

### Coverage Criteria:

1. Prescribed by a specialist; **and**,
2. Patient is  $\geq 18$  years of age; **and**,
3. Patient is diagnosed with neuromyelitis optica spectrum disorder; **and**,
4. Patient has labs documenting positive anti-aquaporin-4 antibodies; **and**,
5. Patient has failed to respond to treatment with oral steroids; **and**,
6. Enspryng or Uplizna will not be used in combination with each other or Soliris, **and**
7. Enspryng or Uplizna is prescribed within the FDA approved dosing regimen; **and**,
8. For commercial products only (does not apply to Medicare or Minnesota Health Care Programs products), medication administration must occur at a clinic office or home-infusion setting unless medical necessity is met based on the criteria below, supported by medical documentation:
  - A. The patient has experienced a severe or life-threatening reaction with previous infusions of the same or similar products; **or**,
  - B. The patient has a medical condition that renders him or her unstable, exceptionally complex, immunocompromised or otherwise high-risk such that continued oversight in the current facility is required; **or**,
  - C. There are no alternative settings available to the patient as a result of both of the following:
    - i. The patient is unable to use home-infusion services as documented by the physician, social worker, or infusion provider; **and**,
    - ii. The patient is unable to access alternative settings due to unreasonable distance [ $>30$  miles] or other extenuating circumstances.

### Initial Coverage Duration:

Initial authorizations will be provided for 6 months.

### Reauthorization Criteria:

1. Patient has been seen by provider in the past 12 months; **and**,
2. Patient has been adherent to therapy; **and**,
3. Patient has a clinically meaningful response to therapy as documented by the provider, **and**
4. Prescribed within the FDA-approved dosing regimen.

### Reauthorization Coverage Duration:

Reauthorizations will be provided for twelve months.

P&T Date: 10/5/2020

Effective Date: 1/1/2021