

Enspryng (satralizumab-mwge)

Drug names	<ul style="list-style-type: none">EnspryngSatralizumab-mwge				
Description	<p>Enspryng (satralizumab-mwge) is a recombinant humanized monoclonal antibody targeting human interleukin-6 (IL-6) receptors.</p> <p>Enspryng is a prescription medicine used to treat adults with neuromyelitis optica spectrum disorder (NMOSD). NMOSD is a rare, chronic autoimmune disease that causes inflammation in the central nervous system. This can lead to damage of the optic nerves, spinal cord, and/or brain. Enspryng is used only if the patient’s body produces antibodies to a protein called aquaporin-4 (AQP4).</p> <p>It is administered by subcutaneous injection.</p>				
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none">CommercialGovernment ProgramsIndividual and Family Business (IFB)				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>8.12.24</td><td>New A-Z sheet.</td></tr></table>	Date	Description	8.12.24	New A-Z sheet.
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Commercial

Introduction	<p>This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).</p>				
Dean (DHP, Prevea360)	<p>A Medical Injectable Policy, <i>Enspryng (satralizumab-mwge)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through the Plan Pharmacy Services. See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If approved, quote office visit or outpatient hospital benefits.				
Mayo Medical Plan (MMP)	<p>Quote office visit or outpatient hospital benefits.</p>				
Medica (including MHPS)	<p>A Pharmacy Clinical Guideline, <i>Enspryng (satralizumab-mwge)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through the injectable drug Pharmacy Benefit Manager (PBM). See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient hospital POS: PA is not required.– Providers: Certain providers are excluded. See Injectable Drug Prior Authorization.• If approved, quote office visit or outpatient hospital benefits.				
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.				
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Quote office visit or outpatient hospital benefits.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.				
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>A Pharmacy Clinical Guideline, <i>Enspryng (satralizumab-mwge)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through the injectable drug Pharmacy Benefit Manager (PBM). See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient POS: PA is not required.– Providers: Certain providers are excluded. See Injectable Drug Prior Authorization.• If approved, quote office visit or outpatient hospital benefits.• Medica is the only payer.				
Cost (Prime)	<p>Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.</p> <ul style="list-style-type: none">• Drug administration: Quote office visit benefits.• Injection (J-code): Quote <i>Part B Prescription Drugs</i> in the EOC.• Follows Medicare guidelines.				
Med Advantage	<p>A Pharmacy Clinical Guideline, <i>Enspryng (satralizumab-mwge)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through the injectable drug Pharmacy Benefit Manager (PBM). See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient POS: PA is not required.– Providers: Certain providers are excluded. See Injectable Drug Prior Authorization.• Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.<ul style="list-style-type: none">– Drug administration: Quote office visit benefits.– Injection (J-code): Quote <i>Part B Prescription Drugs</i> in the EOC.• Follows Medicare guidelines.• Medica is the only payer.				
Med Supp (Select, Signature)	<p>Quote office visit or outpatient hospital benefits.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.				
Medicaid	<p>A Pharmacy Clinical Guideline, <i>Enspryng (satralizumab-mwge)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through the injectable drug Pharmacy Benefit Manager (PBM). See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient hospital POS: PA is not required.– Providers: Certain providers are excluded. See Injectable Drug Prior Authorization.• If approved, quote office visit or outpatient hospital benefits.				
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Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>				
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>A Medical Injectable Policy, <i>Enspryng (satralizumab-mwge)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through the Plan Pharmacy Services. See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If approved, quote office visit or outpatient hospital benefits.				
Medica	<p>A Pharmacy Clinical Guideline, <i>Enspryng (satralizumab-mwge)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through the injectable drug Pharmacy Benefit Manager (PBM). See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient hospital POS: PA is not required.– Providers: Certain providers are excluded. See Injectable Drug Prior Authorization.• If approved, quote office visit or outpatient hospital benefits.				
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