

Pharmacy Drug Policy Checklist

POLICY NAME Enspryng (satralizumab) POLICY # 2794P

Criteria

Coverage Criteria	
	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
	Documentation that the patient is anto-aquaporin-4 (AQP4) antibody positive
	Ordered by a neuro-ophthalmologist or specialist in the treatment of NMOSD
	Documentation that the member has been on a stable dose of immunosuppressive therapy (i.e., azathioprine, mycophenolate mofetil, oral corticosteroids, etc.)
	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
Evaluation Oritaria - Any of the following provents acrosses	
Exclusion Criteria – Any of the following prevents coverage	
	Enspryng will not be approved for use in combination with Uplizna or Soliris