

5.99.19

Section:	Prescription Drugs	Effective Date:	April 1, 2021
Subsection:	Miscellaneous Products	Original Policy Date:	September 25, 2020
Subject:	Enspryng	Page:	1 of 4

Last Review Date: March 12, 2021

Enspryng

Description

Enspryng (satralizumab-mwge)

Background

Enspryng (satralizumab-mwge) is an interleukin-6 (IL-6) receptor antagonist. The precise mechanism by which Enspryng exerts therapeutic effects in neuromyelitis optica spectrum disorder (NMOSD) is unknown but is presumed to involve inhibition of IL-6-mediated signaling through binding to soluble and membrane-bound IL-6 receptors (1).

Regulatory Status

FDA-approved indication: Enspryng is indicated for the treatment of neuromyelitis optica spectrum disorder (NMOSD) in adult patients who are anti-aquaporin-4 (AQP4) antibody positive (1).

Enspryng is contraindicated in patients with active hepatitis B infection or active or untreated latent tuberculosis. Prior to initiating Enspryng, patients should be screened for Hepatitis B virus (HBV) and patients should be evaluated for active tuberculosis and tested for latent infection (1).

Live or live-attenuated vaccines should not be given concurrently with Enspryng because clinical safety has not been established. Live or live-attenuated immunizations should be administered at least 4 weeks prior to initiation of Enspryng and, whenever possible, at least 2 weeks prior to initiation of Enspryng for non-live vaccines (1).

Section:	Prescription Drugs	Effective Date:	April 1, 2021
Subsection:	Miscellaneous Products	Original Policy Date:	September 25, 2020
Subject:	Enspryng	Page:	2 of 4

Mild and moderate elevations of liver enzymes have been observed in patients treated with Enspryng. Liver transaminases and serum bilirubin should be assessed prior to initiation of treatment with Enspryng. ALT and AST levels should be monitored every 4 weeks for the first 3 months of treatment, followed by every 3 months for one year, and thereafter, as clinically indicated (1).

Decreases in neutrophil counts were also observed in patients treated with Enspryng. Neutrophil counts should be monitored 4 to 8 weeks after initiation of therapy, and thereafter at regular clinically determined intervals (1).

The safety and effectiveness of Enspryng in pediatric patients less than 18 years of age have not been established (1).

Related policies

Soliris, Uplizna

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Enspryng may be considered **medically necessary** in patients 18 years of age or older for the treatment of neuromyelitis optica spectrum disorder (NMOSD) and if the conditions indicated below are met.

Enspryng is considered **investigational** in patients less than 18 years of age and for all other indications.

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

The patient must have the following:

Neuromyelitis optica spectrum disorder (NMOSD)

AND ALL of the following:

- Anti-aquaporin-4 (AQP4) antibody positive

Section:	Prescription Drugs	Effective Date:	April 1, 2021
Subsection:	Miscellaneous Products	Original Policy Date:	September 25, 2020
Subject:	Enspryng	Page:	3 of 4

- b. AST, ALT, and serum bilirubin will be assessed prior to initiating treatment with Enspryng
- c. Prescriber agrees to monitor AST, ALT, and neutrophil counts
- d. **NO** active hepatitis B infection
- e. **NO** active or untreated latent tuberculosis
- f. **NOT** given concurrently with live vaccines

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

The patient must have the following:

Neuromyelitis optica spectrum disorder (NMOSD)

AND ALL of the following:

- a. Patient has had fewer relapses while on Enspryng therapy
- b. Prescriber agrees to monitor AST, ALT, and neutrophil counts
- c. **NO** active hepatitis B infection
- d. **NO** active or untreated latent tuberculosis
- e. **NOT** given concurrently with live vaccines

[Policy Guidelines](#)

Pre – PA Allowance

None

Prior - Approval Limits

Quantity 15 syringes

Duration 12 months

Prior – Approval *Renewal* Limits

Quantity 3 syringes per 84 days

Section:	Prescription Drugs	Effective Date:	April 1, 2021
Subsection:	Miscellaneous Products	Original Policy Date:	September 25, 2020
Subject:	Enspryng	Page:	4 of 4

Duration 12 months

Rationale

Summary

Enspryng (satralizumab-mwge) is an interleukin-6 (IL-6) receptor antagonist. The precise mechanism by which Enspryng exerts therapeutic effects in neuromyelitis optica spectrum disorder (NMOSD) is unknown but is presumed to involve inhibition of IL-6-mediated signaling through binding to soluble and membrane-bound IL-6 receptors. The safety and effectiveness of Enspryng in pediatric patients less than 18 years of age have not been established (1).

Prior authorization is required to ensure the safe, clinically appropriate and cost-effective use of Enspryng while maintaining optimal therapeutic outcomes.

References

1. Enspryng [package insert]. South San Francisco, CA: Genentech, Inc.; August 2020.

Policy History

Date	Action
September 2020	Addition to PA
December 2020	Annual review
March 2021	Annual review

Keywords

This policy was approved by the FEP[®] Pharmacy and Medical Policy Committee on March 12, 2021 and is effective on April 1, 2021.