

**ENSPRYNG
(satralizumab-mwge)**

Pre - PA Allowance

None

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:

- a. Anti-aquaporin-4 (AQP4) antibody positive
- 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 Limits

Quantity 15 syringes

Duration 12 months

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



**BlueCross
BlueShield**

Federal Employee Program.

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- c. **NO** active hepatitis B infection
- d. **NO** active or untreated latent tuberculosis
- e. **NOT** given concurrently with live vaccines

Prior - Approval *Renewal* Limits

Quantity 3 syringes per 84 days

Duration 12 months