satralizumab (Enspryng™)

EOCCO POLICY

Policy Type: PA/SP Pharmacy Coverage Policy: EOCCO209

Description

Satralizumab-mwge (Enspryng) is an IL-6 monoclonal antibody subcutaneous injection.

Length of Authorization

- Initial: Six months
- Renewal: 12 months

Quantity Limits

Product Name	Dosage Form	Indication	Quantity Limit
satralizumab (Enspryng)	120 mg/mL Prefilled Syringe	Neuromyelitis optica spectrum disorder (NMOSD)	**Initial**: 2 mL (pens) per 28 days for one fill **Maintenance**: 1 mL (pen) per 28 days

Initial Evaluation

I. Satralizumab (Enspryng) may be considered medically necessary when the following criteria are met:
   A. Member is 18 years of age or older; **AND**
   B. Medication is prescribed by, or in consultation with, a neurologist; **AND**
   C. Provider attestation the medication will not be used in combination with other biologic therapies (e.g., ravulizumab-cwvz (Ultomiris), tocilizumab [Actemra], eculizumab [Soliris], inebilizumab [Uplinza]) used to treat inflammatory conditions; **AND**
   D. Documentation of a confirmed diagnosis of **neuromyelitis optica spectrum disorder (NMOSD)** when all of the following are met:
      1. The member is positive for anti-aquaporin-4 (AQP4) IgG antibodies (i.e., seropositive) supported by chart note documentation or laboratory results; **AND**
      2. The member has a history of one or more relapses requiring rescue or acute treatment (e.g., glucocorticoids, plasma exchange); **AND**
      3. Glucocorticoids, azathioprine, and/or mycophenolate will be used in combination with satralizumab (Enspryng); **OR**
         i. Treatment with ALL of the following has been ineffective, contraindicated, or not tolerated for long term maintenance therapy:
            i. Glucocorticoids
            ii. azathioprine
            iii. mycophenolate; **AND**

4. Treatment with rituximab (e.g. Rituxan) has been ineffective, contraindicated, or not tolerated

II. Satralizumab (Enspryng) is considered not medically necessary when criteria above are not met and/or when used for:
   A. NMOSD that is anti-quaporin-4 (AQP4) IgG antibody negative (i.e., seronegative)

III. Satralizumab (Enspryng) is considered investigational when used for all other conditions, including but not limited to:
   A. Rheumatoid or other forms of arthritis
   B. Cytokine release syndrome
   C. Arteritis

Renewal Evaluation

I. Member has received a previous prior authorization approval for this agent through this health plan; **AND**
II. Member is not continuing therapy based off being established on therapy through samples, manufacturer coupons, or otherwise. Initial policy criteria must be met for the member to qualify for renewal evaluation through this health plan; **AND**
III. Medication is prescribed by, or in consultation with, a neurologist; **AND**
IV. Provider attestation the medication will not be used in combination with other biologic therapies (e.g., tocilizumab [Actemra], eculizumab [Soliris], inebilizumab [Uplinza]) used to treat inflammatory conditions; **AND**
V. Provider attestation of a positive response to therapy (e.g., stabilization of disease, relapse reduction, relapse-free)

Supporting Evidence

I. Satralizumab (Enspryng) is FDA-approved for NMOSD, a rare inflammatory disorder characterized by severe, immune-mediated attacks on the optic nerves and spinal cord. Hallmark features include optic neuritis attacks, transverse myelitis, unexplained hiccups, nausea, vomiting, and somnolence. Patients experience relapses that have varying degrees of recovery over weeks to months. NMOSD was historically considered as a form of multiple sclerosis (MS); however, MS therapies are often inefficacious in the setting of NMOSD and certain MS therapies may further exacerbate NMOSD. Thus, a definitive diagnosis from a specialty provider is warranted. The majority of patients are seropositive, and if test results show seronegative disease, patients should be retested or considered for a differential

diagnosis. Seronegative disease is often treated similarly to seropositive NMOSD; however, biologic medications often lack efficacy in the seronegative population.

II. NMOSD is often treated acutely with high-dose IV glucocorticoids, and if refractory – plasma exchange. Once a definitive diagnosis is made, long-term therapy is recommended in all patients. Long-term therapies that are FDA-approved include eculizumab (Soliris) and inebilizumab (Uplinza), which are both provider administered products. Other therapies that have been used historically and are often regarded as standard of care include glucocorticoids, azathioprine, mycophenolate, and rituximab (e.g., Rituxan). Additionally and increasingly, IV tocilizumab (Actemra) has been considered. The quality of data varies for these agents; however, all have shown positive response on relapse rates for seropositive NMOSD. The safety profile, is also further defined, given the longevity and extent of use in patients relative to satralizumab (Enspryng).

III. The efficacy and safety of satralizumab (Enspryng) was evaluated in two Phase 3, blinded, randomized, placebo-controlled trials, where treatment was administered at weeks zero, two, four, then four weeks thereafter. Population characteristics: seropositive and negative patients, majority female, an annualized relapse rate of 1.5 with at least one documented attack in the last 12 months, with a variety of treatment histories (e.g., glucocorticoids [GC], DMARDS, previous b-cell depleting therapy). Exclusions: history of anti-IL-6 therapy, alemtuzumab, total body irradiation, or bone marrow transplantation.

IV. Trial one evaluated satralizumab (Enspryng) monotherapy versus placebo, and trial two evaluated against placebo with both groups adding treatment to background immunosuppressive therapy (glucocorticoids, mycophenolate, azathioprine, and various combinations). The use of satralizumab (Enspryng) in addition to other biologic therapies (e.g., tocilizumab [Actemra], eculizumab [Soliris], inebilizumab [Uplinza]) has not been evaluated for safety and/or efficacy. Additionally, there is evidence to show that use of two biologic therapies concurrently has demonstrated increased risk of serious infection.

V. Adolescent patients were included in the second pivotal trial, ages 12 and older. There was a low number (n=7) enrolled and subgroup analyses did not show clinical efficacy. Although this analysis was likely underpowered, safety and efficacy in non-adult population remains unknown at this time and FDA-approval has been granted for adults only.

VI. In both trials there was a positive response on relapse rates in the seropositive (anti-aquaporin-4 [AQP4) antibody-positive) population. Of note, there was a lack of statistically significant efficacy in the seronegative population. Secondary outcomes evaluated medication efficacy on other symptom control, quality of life, and caregiver burden; however, they were not statistically significant. Medication success may be measured as a reduction in or freedom from relapses.

Investigational or Not Medically Necessary Uses

I. Satralizumab (Enspryng) did not show improvement in relapse rates in the seronegative NMOSD population. Given lack of efficacy and largely unknown safety profile for this therapy, use is not medically necessary at this time.
II. Satralizumab (Enspryng) has not been FDA-approved, or sufficiently studied for safety and efficacy for the conditions or settings listed below:
    A. Rheumatoid or other forms of arthritis
    B. Cytokine release syndrome
    C. Arteritis
        i. IL-6 therapies (e.g., tocilizumab [Actemra] have been FDA-approved for the conditions listed above; however, use of satralizumab (Enspryng) for these conditions remains experimental and investigational.

References

1. Traboulsee A, Greenberg BM, Bennett JL, et al. Safety and efficacy of satralizumab monotherapy in neuromyelitis optica spectrum disorder: a randomised, double-blind, multicentre, placebo-controlled phase 3 trial. Lancet Neurol. 2020;19(5):402-412.
2. Yamamura T, Kleiter I, Fujihara K, et al. Trial of Satralizumab in Neuromyelitis Optica Spectrum Disorder. N Engl J Med. 2019;381(22):2114-2124.
3. Enspryng [Prescribing Information]. Genentech, Inc. San Francisco, CA. August, 2020.
4. Collongues N, Ayme-dietrich E, Monassier L, De seze J. Pharmacotherapy for Neuromyelitis Optica Spectrum Disorders: Current Management and Future Options. Drugs. 2019;79(2):125-142.

Policy Implementation/Update:

Action and Summary of Changes	Date
Added Ultomiris as an example of biologic thereapies that cannot be used in combination with Enspryg	06/2024
Policy created	11/2020