

Satralizumab



Included Products: Enspryng (satralizumab-mwge)

Created: 11/16/2020

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Neuromyelitis Optica

Initial Criteria		If yes	If no
1.	Does the member have a diagnosis of neuromyelitis optica spectrum disorder (NMOSD) that is anti-aquaporin-4 antibody positive?	Continue to #2.	Do not approve.
2.	Is the request from a neurologist?	Continue to #3.	Do not approve.
3.	Has the member tried and failed 1) azathioprine or mycophenolate; and 2) rituximab (Rituxan)?	Continue to #4.	Do not approve.
4.	Has the case's medical necessity been confirmed with external specialist (MRIOA) and medical director review?	Continue to #5.	Have these activities completed.
5.	Approve for 6 months.		
Renewal Criteria		If yes	If no
1.	Is there documentation which demonstrates a clinically significant and meaningful response to therapy?	Continue to #2.	Do not approve.
2.	Review with medical director.		