

## ENSPRYNG (satralizumab-mwge, SQ)

### Diagnosis Considered for Coverage:

- Neuromyelitis optica spectrum disorder (NMOSD)

### Coverage Criteria:

#### For diagnosis listed above:

- Prescribed by or in consultation with a neurologist, **and**
- Patient is anti-aquaporin-4 (AQP4) antibody positivity, **and**
- Not being used in combination with another drug therapy for NMOSD (e.g. rituximab, inebilizumab, eculizumab), **and**
- Dose does not exceed FDA label maximum.

### Coverage Duration: one year

Effective Date: 11/29/2023