

## PHARMACY POLICY STATEMENT

### Ohio Medicaid

<b>DRUG NAME</b>	<b>Spinraza (nusinersen)</b>
BILLING CODE	J2326
BENEFIT TYPE	Medical
SITE OF SERVICE ALLOWED	Outpatient
STATUS	Prior Authorization Required

Spinraza is a survival of motor neuron 2 (SMN2) splicing modifier

For **reauthorization**:

1. Member has documentation of positive clinical improvement from pretreatment baseline status in spinal muscular atrophy-associated symptoms or maintenance (not worsening) of the disease state (e.g., decreased decline in motor function, increased ability to kick, increased in the motor milestones of head control, rolling, sitting, crawling, standing, or walking, etc.).

*If all the above requirements are met, the medication will be approved for an additional 12 months.*

**CareSource considers Spinraza (nusinersen) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.**

DATE	ACTION/DESCRIPTION
05/05/2017	New policy for Spinraza created.
06/11/2019	Concomitant used of Spinraza with Zolgensma will not be authorized. Spinraza must be discontinued before Zolgensma infusion. Spinraza will not be reauthorized after Zolgensma infusion.
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