Field Name	Field Description
Prior Authorization Group Description	SMN2 Splicing Modifiers for the Treatment of Spinal Muscular Atrophy (SMA)
Drugs	Spinraza (nusinersen)
Covered Uses	Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), and the Drug Package Insert (PPI).
Exclusion Criteria	• Patient has previously received treatment with Zolgensma • Concomitant use of Evrysdi and Spinraza
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Prescriber must be a neurologist
Coverage Duration	If all of the conditions are met, the request will be approved for 6 months for 5 doses (4 loading doses and 1st maintenance dose) for initial approval, and 12 months for 3 additional maintenance doses for reauthorization requests. If the conditions are not met, the request will be sent to a Medical Director/clinical reviewer for medical necessity review.
Other Criteria	**Initial approval** • Member has a confirmed diagnosis of SMA types I, II or III and the molecular genetic test with mutation analysis was submitted that is positive for the genetic deletion of the exon 7 of the survival motor neuron (SMN1) • Documentation of genetic testing confirming either two or three copies of the SMN2 gene **OR** four copies of the SMN2 gene with symptomology of SMA • Baseline motor function or motor milestone achievement was submitted with request [e.g. CHOP Infant Test of Neuromuscular Disorders (CHOP-INTEND) or Hammersmith Infant Neurological Examination (HINE) for Type 1 or Hammersmith Functional Motor Scale Expanded Scores (HFMSE) for Type II and Type III, or 6 minute walk test in subjects able to walk] • The request is for an FDA approved dose • Patient has not previously received treatment with Zolgensma **Reauthorization**

	• Documentation of clinical response was submitted with request (e.g. improvement in motor function/motor milestone achievement scores using CHOP-INTEND or HFMSE, 6 minute walk test or HINE improvement in more categories of motor milestones than worsening, patient remains permanent ventilation free if no prior ventilator support) • The request is for an FDA approved dose **Medical Director/clinical reviewer must override criteria when, in his/her professional judgement, the requested item is medically necessary.**
Revision/Review Date 1/2023	