Nusinersen

Goal(s):

- Approve nusinersen for funded OHP conditions supported by evidence of benefit (e.g. Spinal Muscular Atrophy)

Length of Authorization:

- Up to 8 months for initial approval and up to 12 months for renewal.

Requires PA:

- Nusinersen (billed as a pharmacy or physician administered claim)

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD-10 code. Go to #2	
2. Is this a request for continuation of therapy?	**Yes:** Go to **Renewal Criteria**	**No:** Go to #3
3. Does the patient have type 1, 2 or 3 Spinal Muscular Atrophy documented by genetic testing and at least 2 copies of the SMN2 gene?	**Yes:** Go to #4	**No:** Pass to RPh. Deny; medical appropriateness.
4. Is a baseline motor assessment available such as one of the following functional assessment tools: • Hammersmith Infant Neurological Examination (HINE-2) • Hammersmith Functional Motor Scale (HFSME) • Children's Hospital of Philadelphia Infant Test of Neuromuscular Disorders (CHOP-INTEND) • Upper Limb Module (ULM) • 6-Minute Walk Test	**Yes:** Go to #5	**No:** Pass to RPh. Deny; medical appropriateness.

Approval Criteria		
5. Is the patient ventilator dependent (using at least 16 hours per day on at least 21 of the last 30 days)? Note: This assessment does not apply to patients who require ventilator assistance	**Yes:** Pass to RPh. Deny; medical appropriateness.	**No:** Go to #6.
6. Is the drug being prescribed by a pediatric neurologist or a provider with experience treating spinal muscular atrophy?	**Yes:** For initial approval, approve 5 doses over 8 months.	**No:** Pass to RPh. Deny; medical appropriateness.

Renewal Criteria		
1. Has the patient's motor function improved as demonstrated by: • Improvement from baseline motor function score documented within one month of renewal request AND • More areas of motor function improved than worsened	**Yes:** Approve for 12 months	**No:** Pass to RPh; Deny; medical appropriateness.

P&T Review: *7/17 (DM); 3/17*
Implementation: *9/1/17; 5/17*