

Nusinersen

Goal(s):

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

Length of Authorization:

- Up to 12 months

Requires PA:

- Nusinersen

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 ICD10 code. Go to # 2	
2. Is this a request for continuation of therapy?	Yes: Deny; Refer request for renewal of therapy to DMAP medical director for review.	No: Go to #3
3. Does the patient have Spinal Muscular Atrophy (SMA) documented by genetic testing?	Yes: Go to #4	No: Pass to RPh. Deny; medical appropriateness.
4. Is the drug being prescribed by a neurologist or a provider with experience treating spinal muscular atrophy?	Yes: Approve up to 12 months	No: Pass to RPh. Deny; medical appropriateness.

P&T Review:
Implementation

3/17 (DM)
4/1/17