PriorityHealth

Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: ☒ **Commercial (Traditional)** ☒ **Commercial (Individual/Optimized)**
☐ **Medicaid**

This request is: ☐ **Urgent** (life threatening) ☐ **Non-Urgent** (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Spinraza™ (nusinersen)

Member

Last Name: _____ First Name: _____

ID #: _____ DOB: _____ Gender: _____

Primary Care Physician: _____

Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____

Provider Address: _____

Provider NPI: _____ Contact Name: _____

Provider Signature: _____ Date: _____

Product and Billing Information

☐ New request ☐ Continuation request

Drug product: ☐ Spinraza 12 mg / 5 mL

Start date (or date of next dose): _____
Date of last dose (if applicable): _____
Dosing frequency: _____
Patient's weight: _____

Place of administration:
☐ Physician's office
☐ Outpatient infusion
Facility: _____ NPI: _____ Fax: _____
☐ Home infusion
Agency: _____ NPI: _____ Fax: _____

Billing:
☐ Physician to buy and bill
☐ Facility to buy and bill
☐ Specialty Pharmacy
Pharmacy: _____ NPI: _____ Fax: _____

ICD-10 Diagnosis code(s): _____

Precertification Requirements

Before this drug is covered, the patient must meet all of the following requirements:

1. Diagnosis of spinal muscular atrophy (SMA)
2. Must be prescribed by a neurologist or in consultation with a neurologist with experience treating SMA
3. Must have genetic testing of 5q SMA that confirms member has/is homozygous gene deletion, homozygous conversion mutation, or compound heterozygote (documentation must be submitted to Priority Health).
4. Must have genetic testing confirming the member has no more than 2 copies of SMN2 or experienced SMA-associated symptoms before 6 months of age (documentation must be submitted to Priority Health).
5. Submission of baseline Section 2 of the Hammersmith Infant Neurologic Exam (HINE) results.

Initial authorization will be given for 6 months. Reauthorization will be required every 6 months.

All fields must be complete and legible for review. Your office will receive a response via fax. No changes made since 03/2017
Last reviewed 05/2019

For continuation, patient must have met the following requirements:

1. Must meet all criteria required for initial authorization
2. Must have improvement or maintenance of improvement in motor milestones according to Section 2 of the Hammersmith Infant Neurologic Exam (HINE), defined as:
    a. At least a 2-point increase in the ability to kick (documentation must be submitted to Priority Health), or
    b. At least a 1-point increase in the motor milestones assessing head control, rolling, sitting, crawling, standing, or walking (documentation must be submitted to Priority Health).

    **Additionally, member must have improvement in more categories of motor milestones than worsening.

    OR

    For Members over 2 years of age:

    a. Documentation of clinically significant improvement in spinal muscular atrophy-associated symptoms (for example, progression, stabilization, or decreased decline in motor function) compared to the predicted natural history trajectory of disease.

Priority Health Precertification Documentation

A. What condition is this drug being requested for?

☐ Spinal muscular atrophy
☐ *Other – the patient's condition is:* _____
Rationale for use: _____

B. Is the prescriber a neurologist?

☐ Yes
☐ No, but a neurologist was consulted (documentation must be submitted to Priority Health)
☐ *Other – prescriber specialty is:* _____

C. Did the member have genetic testing of 5q SMA? If so, what mutation(s) were present?

☐ Yes (documentation must be submitted to Priority Health)
    ☐ Homozygous deletion
    ☐ Homozygous conversion
    ☐ Compound heterozygote
☐ *No; rationale for use:* _____

D. Which of the following apply to the member?

☐ Genetic testing confirms member has no more than 2 copies of SMN2 (documentation must be submitted to Priority Health)
☐ Member experienced SMA-associated symptoms before 6 months of age (documentation must be submitted to Priority Health)
☐ *None; rationale for use:* _____

Continuation

A. Has the member achieved or maintained improvement in motor milestones according to Section 2 of the HINE (see Additional Information section for examination scorecard)?

☐ Yes; indicate which milestone(s) below
    ☐ At least a 2-point increase in the ability to kick (documentation must be submitted to Priority Health)
    ☐ At least a 1-point increase in the motor milestones assessing head control, rolling, sitting, crawling, standing, or walking (documentation must be submitted to Priority Health)
☐ No; *rationale for use:* _____

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B. Overall, did the member improve in more motor milestone categories than they worsened?

- ☐ Yes
- ☐ No: *rationale for use:* _____

C. Has the member had clinically significant improvement in SMA-associated symptoms?

- ☐ Yes (documentation must be submitted to Priority Health)
- ☐ No: *rationale for use:* _____

Additional Information

Spinraza will only be authorized in accordance with FDA-approved dosing for SMA. Initial authorization for loading doses will be limited to a total of 4 doses. Maintenance therapy will be limited to 12mg every 4 months, starting 4 months after the last loading dose.

Spinraza is considered experimental and investigational for non-5q-spinal muscular atrophy disorders.

Hammersmith Infant Neurological Examination – Section 2

Voluntary grasp	No grasp	Uses whole hand	Index finger and thumb but immature grasp	Pincer grasp	
Ability to kick (in supine)	No kicking	Kick horizontal, legs do not lift	Upward (vertical)	Touches leg	Touches toes
Head control	Unable to maintain upright	Wobbles	All the time upright		
Rolling	No rolling	Rolling to side	Prone to supine	Supine to prone	
Sitting	Cannot sit	Sit with support at hips	Props	Stable sit	Pivots (rotates)
Crawling	Does not lift head	On elbow	On outstretched hand	Crawling flat on abdomen	On hands and feet
Standing	Does not support weight	Supports weight	Stands with support	Stands unaided	
Walking	No walking	Bouncing	Cruising (holding on)	Walking independently	

IMPROVEMENT

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Last reviewed 05/2019