

nusinersen (Spinraza)

HCPCS: J2326 injection, nusinersen, 0.1mg (Spinraza)

LOB:	MCAL
Duration of Approval:	New: Six months; COC: One year
Quantity Limit:	Per FDA Approved/Compendia Supported Dosing
MCG Available:	Yes
DHCS Drug Policy:	No

Requires Prior Authorization (PA)

Spinraza (nusinersen) injection

PA CRITERIA FOR APPROVAL:**New Therapy**

1. The member has a diagnosis for an FDA-approved indication (*refer to package insert under References*) OR a compendia-supported (Drugdex or AHFS) indication **AND**
2. The medication is prescribed or recommended by a neurologist, neuromuscular/neuromusculoskeletal specialist or pediatric rehabilitation specialist **AND**
3. Genetic test result showing homozygous Survival Motor Neuron (SMN1) deletion, or any combination of SMN1 deletions, or other mutations that result in the functional loss of all SMN1 genes AND ≤ 3 copies of SMN2 **AND**
4. Chart notes showing neuromotor assessment with score to establish clinical baseline (**Note:** the following are suggested assessment, but any validated assessment may be used):
 - a. For non-sitters: CHOP Intend or Hammersmith Infant Neurological Exam-Parts (HINE-2)
 - b. For sitters: Hammersmith Functional Motor Scale Expanded (HFMSE) or Revised Upper Limb Module (RULM)
 - c. For walkers: Timed up and Go test (TUG), 6-minute walk test, or 10-meter run/walk test
 - d. For non-ambulatory older clients: Revised Upper Limb Module (RULM) or Standard muscle strength assessment**AND**
5. For members with SMA and scoliosis, ONE of the following must be met:
 - a. Has scoliosis without spine surgery
 - b. Scoliosis post spine surgery with preserved window of accessibility for intrathecal injection, under fluoroscopic or ultrasound guidance if needed
 - c. Scoliosis post spine surgery (e.g. fusion) but with surgical placement of an indwelling catheter or establishment of a new window for IT accessibility

Continuation of Therapy

1. The member has a diagnosis for an FDA-approved indication (*refer to package insert under References*) OR a compendia-supported (Drugdex or AHFS) indication **AND**
2. Medication is prescribed or recommended by a neurologist, neuromuscular/neuromusculoskeletal specialist or pediatric rehabilitation specialist **AND**
3. Chart notes documenting clinical changes in neuromotor status along with neuromotor assessment showing improvement or lack of deterioration since start of therapy

OTHER INFORMATION:

HCPCS	Description	Brand name
J2326	Injection, nusinersen, 0.1 mg	Spinraza

REFERENCES:

1. Spinraza Prescribing Information.

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www.spinrazahcp.com/content/dam/commercial/spinraza/hcp/en_us/pdf/spinraza-prescribing-information.pdf
03/2026.

P&T APPROVAL HISTORY:

February 2017 P&T Drug Review

UMC REVIEW:

6/2026