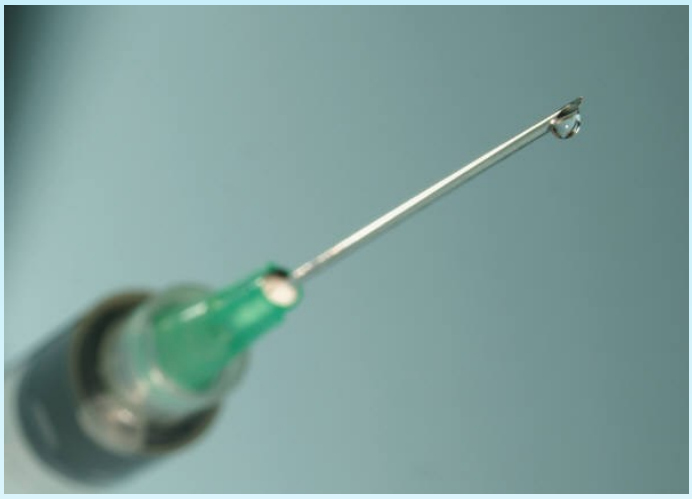
IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202157 JULY 13, 2021

IHCP aligns PA criteria for nusinersen (Spinraza)



Covered under the Indiana Health Coverage Programs (IHCP) as both a pharmacy and medical benefit, the drug nusinersen (Spinraza) is an intrathecal medication for the treatment of spinal muscular atrophy (SMA) in pediatric and adult patients. The IHCP currently requires prior authorization (PA) for nusinersen billed as a pharmacy benefit and as a medical benefit via Healthcare Common Procedure Coding System (HCPCS) code J2326—*Injection, nusinersen, 0.1 mg.*

To create greater alignment between pharmacy and medical benefits, the IHCP is consolidating the PA criteria for nusinersen to match if delivered in either service area. Alignment changes are effective for pharmacy and professional claims with dates of service on or after July 1, 2021.

PA for nusinersen (Spinraza) requires the following criteria:

- Patient has a confirmatory SMA diagnosis by one of the following:
  - SMA diagnostic test results confirming zero copies of the SMN1 gene
  - Molecular genetic testing of 5q SMA for any of the following:
    - Homozygous gene deletion
    - Homozygous conversion mutation
    - Compound heterozygote
- Documentation of one of the following:
  - Genetic testing confirming no more than three copies of the SMN2 gene.

    Note: If the member has more than three copies of SMN2, but has point mutations on SMN2 exon 7, treatment would be considered medically necessary.
  - SMA-associated symptoms before 6 months of age.

Continuation of treatment with nusinersen (Spinraza) beyond six months after the initiation of therapy, and every six months thereafter, is considered medically necessary for the treatment of SMA when individuals meet both of the following criteria:

- Initial therapy was determined to meet the PA criteria.
- There is documentation of clinically significant improvement in SMA-associated symptoms (for example, progression, stabilization or decreased decline in motor function) compared to the predicted natural history trajectory of the disease.

Nusinersen (Spinraza) is not considered medically necessary when used under the following treatment scenarios:

- Post Onasemnogene Abeparvovec-xioi treatment
- Concurrently with risdiplam

Reimbursement, PA and billing information applies to services delivered under the fee-for-service (FFS) delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, PA and billing criteria within the managed care delivery system. Questions about managed care billing and PA should be directed to the MCE with which the member is enrolled. Questions about FFS PA should be directed to Gainwell Technologies at 800-457-4584, option 7.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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