



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Pharmacy Medical Policy Spinal Muscular Atrophy (SMA) Medications

Table of Contents

- [Policy: Commercial](#)
- [Information Pertaining to All Policies](#)
- [Policy History](#)
- [Policy: Medicare](#)
- [References](#)
- [Forms](#)

Policy Number: 044

BCBSA Reference Number: None

Related Policies

- Quality Care Dosing guidelines may apply to the following medications and can be found in Medical Policy #621.

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Note: All requests for outpatient retail pharmacy for indications listed and not listed on the medical policy guidelines may be submitted to BCBSMA Clinical Pharmacy Operations by completing the Prior Authorization Form on the last page of this document. Physicians may also call BCBSMA Pharmacy Operations department at (800)366-7778 to request a prior authorization/formulary exception verbally. Please refer to the chart below for the formulary and/or step status of the medications affected by this policy.

Standard Formulary	
Drug	Formulary Status
Spinraza™	PA Required

We may cover Spinraza™ (nusinersen) for spinal muscular atrophy (SMA) in patients when **all** of the following criteria are met:

- Confirmed genetic diagnosis of spinal muscular atrophy (SMA) and type
- AND**
- The prescription is written by a board certified / board eligible Neurologist.
- AND**
- Dose is limited to FDA approved dosing of 12mg (5ml) administered intrathecally per treatment with 4 loading doses; the first three loading doses should be administered at 14-day intervals. The 4th loading dose should be administered 30 days after the 3rd dose. A maintenance dose should be administered once every 4 months thereafter.

Reauthorization will require the same criteria above and documentation to support clinically meaningful improvement in motor milestones during previous treatment period.

If approved the Prior Authorization will be granted for up to one year.

**Requests based exclusively on the use of samples will not meet coverage criteria for exception. Additional clinical information demonstrating medical necessity of the desired medication must be submitted by the requesting prescriber for review.

We do not cover the medications listed above for other conditions not listed above.

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

HCPCS Codes

HCPCS codes:	Code Description
J2326	Injection, nusinersen, 0.1 mg

The following ICD Diagnosis Codes are considered medically necessary when submitted with the HCPCS code above if medical necessity criteria are met:

ICD-10 Diagnosis Codes

ICD-10-CM diagnosis codes:	Code Description
G12.0	Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]
G12.1	Other inherited spinal muscular atrophy
G12.8	Other spinal muscular atrophies and related syndromes
G12.9	Spinal muscular atrophy, unspecified

CPT Codes

There is no specific CPT code for this service.

Other Information

Blue Cross Blue Shield of Massachusetts (BCBSMA*) members (other than Medex®; Blue MedicareRx, Medicare Advantage plans that include prescription drug coverage) will be required to fill their prescriptions for the above medications at one of the providers in our retail specialty pharmacy network, see link below:

[Link to Specialty Pharmacy List](#)

Individual Consideration

All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual's unique clinical circumstances may be considered in light of current scientific literature. Physicians may send relevant clinical information for individual patients for consideration to:

Blue Cross Blue Shield of Massachusetts
Pharmacy Operations Department
25 Technology Place
Hingham, MA 02043
Tel: 1-800-366-7778
Fax: 1-800-583-6289

Managed Care Authorization Information

- Physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization.
Pharmacy Operations: (800)366-7778
- Physicians may also fax or mail the attached form to the address above. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for patients.
- Prior authorization is required when dispensed through a contracted specialty pharmacy or through physician buy and bill

PPO and Indemnity Authorization Information

- Physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization.
Pharmacy Operations: (800)366-7778
- Physicians may also fax or mail the attached form to the address above. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for patients.
- Prior authorization is required when dispensed through a contracted specialty pharmacy

Policy History

Date	Action
1/2018	Clarified coding information
10/2017	Updated to change Walgreens Specialty Name.
7/2017	Updated to add AllCare to Pharmacy Specialty list.
5/2017	Implementation of a new policy including the medication Spinraza™.

References

- Spinraza™ (nusinersen) for intrathecal injection [package insert]. Cambridge, MA: Biogen, Inc.: 12/2016.

To request prior authorization using the Massachusetts Standard Form for Medication Prior Authorization Requests (eForm), click the link below:

http://www.bluecrossma.com/common/en_US/medical_policies/023%20E%20Form%20medication%20prior%20auth%20instruction%20prn.pdf