

# NUSINERSEN (SPINRAZA) FOR SPINAL MUSCULAR ATROPHY (SMA) LOADING DOSE

version 6/25/2018

## Nursing Orders

|   | Interval    | Defer Until | Duration           |
|---|-------------|-------------|--------------------|
| <input type="checkbox"/> Nursing communication<br>Notify physician if headache is severe and not resolved with bed rest and Acetaminophen.  | Every visit | S           | Until discontinued |
| <input type="checkbox"/> Nursing communication<br>IR nurse to call the central pharmacy at 713-411-5364 after the patient has arrived and provide the location for delivery of Spinraza.  | Every visit | S           | Until discontinued |
| <input type="checkbox"/> Nursing communication<br>Allow the Spinraza to warm to room temperature as it will have been stored in a refrigerated state prior to delivery.   | Every visit | S           | Until discontinued |
| <input type="checkbox"/> Nursing communication<br>Notify: Jason Thonhoff, MD to pick up the CSF sample at 713-363-8258 (office) or 832-367-5608 (cell).   | Every visit | S           | Until discontinued |
| <input type="checkbox"/> Nursing communication<br>Patient to be monitored in the recovery area for 2-3 hours after which they can be discharged home. If complications arise, please contact the neuromuscular staff at 713-363-7310 (office) or cell numbers listed on protocol. | Every visit | S           | Until discontinued |

## PRN Medications

|  | Interval | Defer Until | Duration           |
|--|----------|-------------|--------------------|
| <input type="checkbox"/> acetaminophen (TYLENOL) tablet 500 mg<br>500 mg, oral, every 6 hours PRN, headaches, Starting S | PRN      | S           | Until discontinued |

## Intrathecal Injections

|  | Interval | Defer Until | Duration    |
|--|----------|-------------|-------------|
| <input type="checkbox"/> IR Lumbar Puncture by Radiology<br>Status: Future, Expected: S, Expires: S+366, Routine, Ancillary Performed  | Once     | S           | 1 treatment |
| <input type="checkbox"/> nusinersen (PF) (SPINRAZA) intrathecal solution (RESTRICTED) 12 mg<br>12 mg, intrathecal, once, Starting S, For 1 Doses<br>Administer once on Treatment Day 1.<br>RESTRICTED to Neurology specialists. Are you a Neurology specialist or ordering on behalf of one?<br>RESTRICTED to patients with prior financial approval. Do you attest that the patient's insurance has given financial approval for the administration of Nusinersen (Spinraza™)?  | Once     | S           | 1 treatment |
| <input type="checkbox"/> IR Lumbar Puncture by Radiology<br>Status: Future, Expected: S, Expires: S+366, Routine, Ancillary Performed  | Once     | S+14        | 1 treatment |
| <input type="checkbox"/> nusinersen (PF) (SPINRAZA) intrathecal solution (RESTRICTED) 12 mg<br>12 mg, intrathecal, once, Starting S, For 1 Doses<br>Administer once on Treatment Day 14.<br>RESTRICTED to Neurology specialists. Are you a Neurology specialist or ordering on behalf of one?<br>RESTRICTED to patients with prior financial approval. Do you attest that the patient's insurance has given financial approval for the administration of Nusinersen (Spinraza™)? | Once     | S+14        | 1 treatment |
| <input type="checkbox"/> IR Lumbar Puncture by Radiology<br>Status: Future, Expected: S, Expires: S+366, Routine, Ancillary Performed  | Once     | S+30        | 1 treatment |
| <input type="checkbox"/> nusinersen (PF) (SPINRAZA) intrathecal solution (RESTRICTED) 12 mg<br>12 mg, intrathecal, once, Starting S, For 1 Doses<br>Administer once on Treatment Day 30.<br>RESTRICTED to Neurology specialists. Are you a Neurology specialist or ordering on behalf of one?<br>RESTRICTED to patients with prior financial approval. Do you attest that the patient's insurance has given financial approval for the administration of Nusinersen (Spinraza™)? | Once     | S+30        | 1 treatment |
| <input type="checkbox"/> IR Lumbar Puncture by Radiology<br>Status: Future, Expected: S, Expires: S+366, Routine, Ancillary Performed  | Once     | S+60        | 1 treatment |
| <input type="checkbox"/> nusinersen (PF) (SPINRAZA) intrathecal solution (RESTRICTED) 12 mg  | Once     | S+60        | 1 treatment |

**Intrathecal Injections (continued)**

|   | Interval | Defer Until | Duration |
|---|----------|-------------|----------|
| 12 mg, intrathecal, once, Starting S, For 1 Doses<br>Administer once on Treatment Day 60.<br>RESTRICTED to Neurology specialists. Are you a Neurology specialist or ordering on behalf of one?<br>RESTRICTED to patients with prior financial approval. Do you attest that the patient's insurance has given financial approval for the administration of Nusinersen (Spinraza™)? |          |             |          |

**Labs**

|   | Interval    | Defer Until | Duration              |
|---|-------------|-------------|-----------------------|
| <input type="checkbox"/> CBC hemogram<br>STAT, Status: Future, Expires: S+366, Clinic Collect                           | Every visit | S           | Until discontinuation |
| <input type="checkbox"/> Prothrombin time with INR<br>STAT, Status: Future, Expires: S+366, Clinic Collect              | Every visit | S           | Until discontinuation |
| <input type="checkbox"/> Partial thromboplastin time, activated<br>STAT, Status: Future, Expires: S+366, Clinic Collect | Every visit | S           | Until discontinuation |
| <input type="checkbox"/> Protein, urine, random<br>Routine, Status: Future, Expires: S+366, Clinic Collect              | Every visit | S           | Until discontinuation |