

NUSINERSEN (SPINRAZA) FOR SPINAL MUSCULAR ATROPHY (SMA) MAINTENANCE DOSE

version 6/25/2018

Nursing Orders

| | Interval | Defer Until | Duration |
|---|-------------|-------------|--------------------|
| <input type="checkbox"/> Nursing communication Notify physician if headache is severe and not resolved with bed rest and Acetaminophen. | Every visit | S | Until discontinued |
| <input type="checkbox"/> Nursing communication 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 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 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 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 500 mg, oral, every 6 hours PRN, headaches, Starting S | PRN | S | Until discontinued |

Intrathecal Injections

| | Interval | Defer Until | Duration |
|--|---|-------------|--------------------|
| <input type="checkbox"/> nusinersen (PF) (SPINRAZA) intrathecal solution (RESTRICTED) 12 mg 12 mg, intrathecal, once, Starting S, For 1 Doses Maintenance dose. Administer every 4 months. RESTRICTED to Neurology specialists. Are you a Neurology specialist or ordering on behalf of one? 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™)? | On the 1st Mon of every 4 months | S | Until discontinued |
| <input type="checkbox"/> IR Lumbar Puncture by Radiology Status: Future, Expected: S, Expires: S+366, Routine, Ancillary Performed | On the 1st Mon of every 4 months | S | Until discontinued |

Labs

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