

# Nusinersen (SPINRAZA) for Spinal Muscular Atrophy (SMA) [3444]

Ordering Restrictions for Nusinersen (Spinraza™):

1. Nusinersen (Spinraza™) is restricted to Neurology specialists.
2. Nusinersen (Spinraza™) is restricted to patients with prior financial approval.

## Nursing

### NURSING ORDERS NUSINERSEN

[X] Bed rest	Routine, Until discontinued, Starting S Bathroom Privileges: As needed for headache
[X] Notify Physician (NUSINERSEN monitoring)	Routine, Until discontinued, Starting S, If headache is severe and not resolved with bed rest and acetaminophen

## Medications

### Monitoring

#### [X] Monitoring Medications

[X] acetaminophen (TYLENOL) tablet 500 mg, oral, every 6 hours PRN, headaches

### Loading Dose Treatment Schedule (Single Response)

Please select the appropriate Treatment Day

#### ( ) Treatment Day 1

nusinersen (PF) intrathecal solution for Spinal Muscular Atrophy - Treatment Day 1 12 mg, intrathecal, once, For 1 Doses  
Administer once on Treatment Day 1  
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™)?

#### ( ) Treatment Day 15

nusinersen (PF) intrathecal solution for Spinal Muscular Atrophy - Treatment Day 15 12 mg, intrathecal, once, For 1 Doses  
Administer once on Treatment Day 15  
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™)?  
Please enter the DATE that last dose was received:

#### ( ) Treatment Day 29

nusinersen (PF) intrathecal solution for Spinal Muscular Atrophy - Treatment Day 29 12 mg, intrathecal, once, For 1 Doses  
Administer once on Treatment Day 29  
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™)?  
Please enter the DATE that last dose was received:

#### ( ) Treatment Day 59

nusinersen (PF) intrathecal solution for Spinal Muscular Atrophy - Treatment Day 59 12 mg, intrathecal, once, For 1 Doses  
Administer once on Treatment Day 59  
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™)?  
Please enter the DATE that last dose was received:

### Maintenance Doses

<input type="checkbox"/> nusinersen (SPINRAZA) Maintenance Doses for Spinal Muscular Atrophy	<b>"Followed by" Linked Panel</b>
<input type="checkbox"/> nusinersen (PF) intrathecal solution for Spinal Muscular Atrophy	12 mg, intrathecal, once, For 1 Doses Administer once every 4 months Please enter the DATE that last dose was received:

## Labs

LABS	
<input checked="" type="checkbox"/> CBC hemogram	Once For 1 Occurrences Obtain at baseline and prior to each dose
<input checked="" type="checkbox"/> Prothrombin time with INR	Once For 1 Occurrences Obtain at baseline and prior to each dose.
<input checked="" type="checkbox"/> Partial thromboplastin time, activated	Once For 1 Occurrences Obtain at baseline and prior to each dose.
<input checked="" type="checkbox"/> Protein, urine, random	Once For 1 Occurrences Obtain at baseline and prior to each dose.