

BLUE CROSS BLUE SHIELD

Federal Employee Program

PRIOR AUTHORIZATION REQUEST FORM

Date of Request:	02/01/2026	Request ID:	PA2026649196
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SECTION 1: MEMBER INFORMATION

Member Last Name:	REYES	First Name:	SOFIA	MI:	
Date of Birth:	2026-01-15	Gender:	■ Female ■ Male	Phone:	602-555-0156
Member ID:	FEP345678912	Group Number:	FEP-FAMILY-2026	Plan Type:	PPO
Address:	4521 West Camelback Road, Phoenix, AZ 85031				

Parent/Guardian: Carlos and Elena Reyes (Parents) | Phone: 602-555-0156

Subscriber: Carlos Reyes

SECTION 2: PRESCRIBER/FACILITY INFORMATION

Prescriber Name:	Dr. Michael Torres, MD
Specialty:	Pediatric Neurology (Neuromuscular Disorders)
Practice Name:	Phoenix Children's Hospital
NPI:	1432567891
Address:	1919 East Thomas Road, Phoenix, AZ 85016
Phone:	602-555-0900
Fax:	602-555-0901

SECTION 3: MEDICATION/SERVICE REQUESTED

Drug Name (Brand/Generic):	Spinraza (Nusinersen)
NDC / J-Code / HCPCS:	J2326
Strength / Dose:	12 mg (5 mL) per intrathecal injection
Route of Administration:	Intrathecal injection
Frequency:	Loading: Day 0, Day 14, Day 28, Day 63; Maintenance: Once every 4 months
Duration of Therapy:	12 months initial authorization (4 loading + 2 maintenance doses)
Quantity Requested:	6 doses
Site of Service:	Pediatric hospital — intrathecal administration under fluoroscopic guidance
Requested Start Date:	2026-02-15

Urgency: Urgent — presymptomatic treatment window is critical. Earlier treatment in presymptomatic SMA is associated with significantly better motor outcomes.

SECTION 4: DIAGNOSIS INFORMATION

	ICD-10 Code	Diagnosis Description
Primary	G12.9	Spinal muscular atrophy, unspecified

SECTION 5: PRIOR TREATMENT HISTORY / STEP THERAPY

No prior systemic therapy — de novo presentation.

SECTION 6: CLINICAL INFORMATION / MEDICAL NECESSITY

Sofia Reyes is a 2-week-old female — Presymptomatic SMA detected via newborn screening — urgent request for early treatment initiation

3-week-old female born full-term (39 weeks, birth weight 3.2 kg, Apgar 8/9) via uncomplicated vaginal delivery. Arizona newborn screening returned positive for SMA (SMN1 deletion) on day 5 of life. Confirmatory genetic testing confirmed homozygous SMN1 deletion with 4 SMN2 copies. Currently completely asymptomatic with age-appropriate motor milestones. Neurological examination at 3 weeks shows normal tone, reflexes, and spontaneous movements. Pediatric neurologist recommends immediate treatment initiation to preserve motor neurons before symptom onset. Literature strongly supports that presymptomatic treatment leads to significantly better outcomes than waiting for symptom onset.

Disease Activity: Sma Type: Presymptomatic — type not yet determined

SECTION 7: PRESCRIBER ATTESTATION

I certify that the information provided on this form is accurate and complete to the best of my knowledge. I attest that the requested medication/service is medically necessary for this patient. I understand that payment of claims will be from Federal and/or State funds, and that any false claims, statements, or documents may be prosecuted under applicable Federal and State laws.

Prescriber Signature: _____

Date Signed: 02/01/2026

Print Name: DR. MICHAEL TORRES

NPI: 1432567891

SUBMIT TO: BCBS FEP Prior Authorization Department | Fax: 1-800-XXX-XXXX | Portal: provider.bcbs.com
Standard Review: 5 business days | Expedited Review: 72 hours | Effective: 01/2026 | Form Version 10.1