ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO

Pediatric Neurology — Neuromuscular Disorders
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February 01, 2026

Blue Cross Blue Shield

Federal Employee Program

Prior Authorization Department

Medical Review Unit

RE: Letter of Medical Necessity

Patient Name:	Ethan Williams
Date of Birth:	2025-06-10
Member ID:	FEP567891234
Group Number:	FEP-FAMILY-2025
Medication Requested:	Nusinersen (Spinraza)
Diagnosis:	Infantile spinal muscular atrophy, type I [Werdnig-Hoffman] (G12.0)

To Whom It May Concern:

I am writing on behalf of my patient, Ethan Williams, to document the medical necessity of Nusinersen (Spinraza) for the treatment of Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]. This letter provides clinical documentation supporting the need for this medication and demonstrates that my patient meets the coverage criteria for this therapy.

CLINICAL HISTORY AND DIAGNOSIS

7-month-old male born full-term with normal birth history. Parents noted poor head control and generalized hypotonia at 3 months of age. Referred to pediatric neurology at 4 months. EMG showed diffuse denervation pattern consistent with anterior horn cell disease. Genetic testing at 5 months confirmed SMA Type 1 (homozygous SMN1 deletion, 3 SMN2 copies). Progressive motor decline with loss of previously acquired limb movements. Currently unable to sit independently, poor head control, weak cry, feeding difficulties requiring intermittent NG supplementation. No prior gene therapy (Zolgensma) or antisense oligonucleotide therapy.

CURRENT DISEASE ACTIVITY

Most recent assessment (2026-01-25):

• Sma Type: Type 1

• Symptom Status: symptomatic

• Age At Onset Months: 3

• Motor Milestone Status: Never achieved independent sitting

• Current Motor Function: Severe generalized hypotonia, poor head control, weak cry, tongue fasciculations, paradoxical breathing pattern

• Chop Intend Score: 18

• Chop Intend Interpretation: Severely reduced motor function (max score 64)

• Feeding Status: Oral feeding with modified consistency; intermittent NG supplementation

• Respiratory Status: No ventilatory support required. SpO2 93-96% on room air. BiPAP during sleep.

• Ventilator Dependent: False

MEDICAL NECESSITY SUMMARY

Based on the clinical evidence presented, Nusinersen (Spinraza) is medically necessary for Ethan Williams. The patient has a confirmed diagnosis of Infantile spinal muscular atrophy, type I [Werdnig-Hoffman] (ICD-10: G12.0). Key criteria met: SMA

confirmed by molecular genetic testing — homozygous SMN1 deletion (ICD-10 G12.0); SMN1 homozygous deletion confirmed by MLPA. SMN2 copy number: 3.; 3 SMN2 copies. Symptomatic patient requires 2-4 copies under both 2024 and 2025 policies. Meets requirement.; Symptomatic — onset at 3 months with progressive hypotonia and motor regression. I respectfully request approval of this prior authorization.

Please contact my office if you require any additional clinical information.

Sincerely,

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Dr. Anna Kowalski, MD, PhD

Pediatric Neurology — Neuromuscular Disorders

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Date: 02/01/2026