BLUE CROSS BLUE SHIELD

Federal Employee Program

PRIOR AUTHORIZATION REQUEST FORM

Date of Request:	02/01/2026	**Request ID:**	PA2026579681

SECTION 1: MEMBER INFORMATION

Member Last Name:	FOSTER	**First Name:**	AIDEN	**MI:**	
Date of Birth:	2022-03-10	**Gender:**	■ Female ■ Male	**Phone:**	206-555-0334
Member ID:	FEP456789123	**Group Number:**	FEP-FAMILY-2025	**Plan Type:**	PPO
Address:	7210 Aurora Avenue North, Seattle, WA 98103				

Parent/Guardian: Ryan and Jessica Foster (Parents) | Phone: 206-555-0334

Subscriber: Ryan Foster

SECTION 2: PRESCRIBER/FACILITY INFORMATION

Prescriber Name:	Dr. Amanda Liu, MD
Specialty:	Pediatric Neurology (Neuromuscular Disorders)
Practice Name:	Seattle Children's Hospital
NPI:	1567891234
Address:	4800 Sand Point Way NE, Seattle, WA 98105
Phone:	206-555-0800
Fax:	206-555-0801

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:	2026-03-15

Urgency: Urgent — disease progression documented despite prior gene therapy. Motor function declining.

SECTION 4: DIAGNOSIS INFORMATION

	ICD-10 Code	Diagnosis Description
Primary	G12.1	Spinal muscular atrophy, Type 2 (intermediate)

SECTION 5: PRIOR TREATMENT HISTORY / STEP THERAPY

Medication	Dose/Route	Start Date	End Date	Outcome
Onasemnogene abeparvovec-xioi (Zolgensma)	Gene therapy (AAV9-SMN1)	2023-02-20		Initial Improvement Then Decline

SECTION 6: CLINICAL INFORMATION / MEDICAL NECESSITY

Aiden Foster is a 3-year-old male — SMA Type 2 with declining motor function despite prior Zolgensma gene therapy — requesting Spinraza as rescue/add-on therapy

3-year-old male with SMA Type 2 (homozygous SMN1 deletion, 3 SMN2 copies) diagnosed at 9 months when motor milestones plateaued (could sit but never pulled to stand). Received Zolgensma at 11 months with initial improvement — gained sitting endurance and some upper limb function (HFMSE 14 to 24). Motor function stable for approximately 12 months post-gene therapy. Over the past year, progressive decline observed: HFMSE dropped from 24 to 18, decreased upper extremity reach, new nocturnal hypoventilation requiring BiPAP. Anti-AAV9 antibody titers are high (1:102,400), precluding Zolgensma re-dosing. Risdiplam was considered but parents prefer intrathecal Spinraza based on published data showing benefit in post-gene-therapy patients. Prescribing neurologist believes Spinraza could stabilize ...

Disease Activity: Sma Type: Type 2 (intermediate)

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. AMANDA LIU	**NPI:**	1567891234