



Department of Medicaid

Mike DeWine, Governor
Jon Husted, Lt. Governor

Maureen M. Corcoran, Director

Subject: Spinraza Prior Authorization Request

Dear Prescribing Physician:

The Ohio Department of Medicaid requires detailed clinical information to approve requests for Spinraza (Nusinersen). Please complete the attached prior authorization request form, attach the relevant medical records and submit the request to Ohio Medicaid via the MITS online portal. Thank you.

Sincerely,

Donald Wharton, MD

Assistant Medical Director

Office of Health Innovation and Quality

The Ohio Department of Medicaid