

PHARMACY POLICY STATEMENT Marketplace



For <u>reauthorization</u>:

1. Chart notes must document improvement in clinical signs and symptoms of hypophosphatasia, such as respiratory status, growth, or radiographic (skeletal healing) findings.

If all the above requirements are met , the medication will be approved for an addit ional 12 months.

CareSource considers Strensiq (asfotase alfa) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the OffLabel policy.

DATE	ACTION/DESCRIPTION
09/13/2018	New policy for Strensiq created.
04/23/2021	Updated references. Emphasized disease onset must be before age 18 years. Amended diagnostic criteria to be more simplified: Removed pain, growth components; Removed genetic testing requirement; Added PLP measure. Specified renewal criteria.
03/07/2022	Transferred to new template. Added references. Added rickets, osteomalacia as examples