

STRENSIQ (asfotase alfa, SQ)

Diagnosis Considered for Coverage:

- Perinatal/infantile-onset hypophosphatasia (HPP)
- Juvenile-onset hypophosphatasia (HPP)

Coverage Criteria:

For diagnosis listed above:

Initial Authorization

- Being prescribed by a pediatric specialist (i.e. orthopedic surgeon, pediatric endocrinologist, neonatal pediatrician, medical geneticist), **and**
- Patient's onset of symptoms occurred at ≤ 12 years of age, **and**
- Not being used for adult-onset HPP, **and**
- Not being used for odonto- or pseudo- HPP, **and**
- Chart notes support the diagnosis of HPP by both of the following (a and b):
 - a. History of one or more objective signs and symptoms consistent with HPP (e.g. radiographic evidence of skeletal hypomineralization, rickets or rachitic chest deformity, evidence of flared and/or frayed metaphyses, widened growth plates, gracile ribs, below normal Z scores for height or weight, non-healing or non-traumatic fractures, craniosynostosis, severe and generalized osteopenia), **and**
 - b. Laboratory evidence of low ALP activity for age and gender (below lower limit of laboratory normal), **and**
- Dose does not exceed FDA label maximum.

Coverage Duration: 1 year

Effective Date: 11/29/2023