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AETNA BETTER HEALTH® OF VIRGINIA REQUEST FORM

DUR MEDICATION STRENSIQ® (asfotase alfa)

Fax back to: 1-855-799-2553

If the following information is not complete, correct, or legible, the PA process can be delayed. Please use one form per member.

MEMBER INFORMATION

Last Name: _____

First Name: _____

Medicaid ID Number: _____

Date of Birth: _____

Weight in Kilograms: _____

PRESCRIBER INFORMATION

Last Name: _____

First Name: _____

NPI Number: _____

Phone Number: _____

Fax Number: _____

DRUG INFORMATION

Drug Name/Form: _____

Strength: _____

Dosing Frequency: _____

Length of Therapy: _____

Quantity per Day: _____

(Form continued on next page.)

Member's Last Name: **Member's First Name:**

DIAGNOSIS AND MEDICAL INFORMATION

STRENSIQ® – to receive a six (6) months approval for this drug, complete the following questions.

1. Is the prescriber a specialist in the area of the member's diagnosis (e.g., endocrinologist, geneticist) or has the prescriber consulted with a specialist in the area of the member's diagnosis?

   ☐ Yes ☐ No

2. Does the member have a diagnosis of either perinatal/infantile- or juvenile-onset hypophosphatasia (HPP) AND **ALL** of the following:
   - The member was less than 18 years of age at onset
     - The member has/had clinical manifestations consistent with hypophosphatasia at the age of onset prior to age 18 (e.g., vitamin B6-dependent seizures, fractures, lost teeth with roots, skeletal abnormalities: such as rachitic chest deformity leading to respiratory problems or bowed arms/legs, "failure to thrive")
     - The member has/had radiographic imaging confirming the diagnosis of hypophosphatasia at the age of onset prior to age 18 (e.g., infantile rickets, alveolar bone loss, craniosynostosis)
   - The member is experiencing active disease (e.g., bone pain, fractures, gait problems)
   - Molecular genetic testing has been completed confirming mutations in the ALPL gene that encodes the tissue nonspecific isoenzyme of ALP (TNSALP)
   - The member has reduced activity of unfractionated serum alkaline phosphatase (ALP) in the absence of bisphosphonate therapy (i.e., below the normal lab reference range for age and sex)
   - ONE of the following:
     - Elevated serum concentration of pyridoxal 5'-phosphate (PLP) in the absence of vitamin supplements within one week prior to the test
     - Elevated urine concentration of phosphoethanolamine (PEA)
     - Elevated urinary inorganic pyrophosphate (PPi)?

     ☐ Yes ☐ No

(Form continued on next page.)

Member's Last Name: **Member's First Name:**

For renewal, complete the following questions to receive a 1-year approval:

3. Does the member continue to meet the above criteria (questions 1 through 2)?

   ☐ Yes ☐ No

4. Does the member continue to experience clinical benefit from the requested treatment?

   ☐ Yes ☐ No

Prescriber Signature (Required) **Date**

By signature, the Physician confirms the above information is accurate and verifiable by member records.

Please include ALL requested information; incomplete forms will delay the PA process.
Submission of documentation does NOT guarantee coverage.