

Member Name: {{MEMFIRST}} {{MEMLAST}} DOB: {{MEMBERDOB}} PA Number: {{PANUMBER}}



[[PANUMCODE]]

## Strensiq

### Prior Authorization Request

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-866-249-6155.** If you have questions regarding the prior authorization, please contact CVS Caremark at 1-866-814-5506. For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

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**Patient's Name:** {{MEMFIRST}} {{MEMLAST}} **Date:** {{TODAY}}  
**Patient's ID:** {{MEMBERID}} **Patient's Date of Birth:** {{MEMBERDOB}}  
**Physician's Name:** {{PHYFIRST}} {{PHYLAST}}  
**Specialty:** \_\_\_\_\_, **NPI#:** \_\_\_\_\_  
**Physician Office Telephone:** {{PHYSICIANPHONE}} **Physician Office Fax:** {{PHYSICIANFAX}}  
**Request Initiated For:** {{DRUGNAME}}

1. What is the patient's diagnosis?  Hypophosphatasia  Other \_\_\_\_\_
2. What is the ICD-10 code? \_\_\_\_\_
3. What is the patient's:  
A) Height \_\_\_\_\_ in  
B) Weight \_\_\_\_\_ kg
4. What is the weekly prescribed dosage? \_\_\_\_\_ mg/kg
5. When was the onset of the diagnosis?  
 Perinatal/infantile-onset  Juvenile-onset  
 Adult-onset  Other \_\_\_\_\_
6. Is the patient currently receiving treatment with the requested medication?  Yes  No *If No, skip to #12*
7. Is the patient currently receiving the requested medication through samples or a manufacturer's patient assistance program? *If Yes, or Unknown, skip to #12.*  Yes  No  Unknown
8. Is the patient experiencing a benefit from therapy as demonstrated by an improvement in skeletal manifestations from baseline as assessed by the Radiographic Global Impressions of Change (RGI-C) scale?  
***ACTION REQUIRED: If Yes, please submit medical record of Radiographic Global Impression of Change (RGI-C) scale. If Yes, no further questions***  Yes  No
9. Is the patient less than 18 years of age and is experiencing a benefit from therapy as demonstrated by an improvement in height and weight compared to baseline, as measured by z-scores? ***ACTION REQUIRED: If Yes, please submit medical record of Radiographic Global Impression of Change (RGI-C) scale. If Yes, no further questions***  Yes  No
10. Is the patient experiencing a benefit from therapy as demonstrated by an improvement in step length by at least 1 point in either foot compared to baseline based on the Modified Performance Oriented Mobility Assessment-Gait (MPOMA-G) scale? ***ACTION REQUIRED: If Yes, please submit medical record of Modified Performance Oriented Mobility Assessment -Gait score. If Yes, no further questions***  Yes  No

**Send completed form to: Case Review Unit, CVS Caremark Prior Authorization Fax: 1-866-249-6155**

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11. Has the patient experienced an improvement in the 6 Minute Walk Test compared to baseline?  
**ACTION REQUIRED: If Yes, please submit medical record of distance walked in the 6 Minute Walk Test.**  
 Yes  No *No further questions*
12. *If patient is 18 years of age or older*, did the patient demonstrate clinical signs and symptoms of hypophosphatasia (e.g., skeletal abnormalities, respiratory problems, hypercalcemia, seizures) before the age of 18?  
**ACTION REQUIRED: If Yes, please submit medical record documentation showing presence of condition before the age of 18.**  Yes  No
13. Does the patient currently demonstrate clinical signs and/or symptoms of hypophosphatasia (e.g., skeletal abnormalities, respiratory problems, hypercalcemia, seizures)?  Yes  No
14. Did the patient test positive for a known pathological mutation in the ALPL gene as determined by molecular genetic testing? **ACTION REQUIRED: If Yes, please submit genetic test results and no further questions.**  
 Yes  No
15. Do findings on radiographic imaging at the time of diagnosis demonstrate skeletal abnormalities and support the diagnosis of hypophosphatasia (e.g., infantile rickets, alveolar bone loss, osteoporosis, low bone mineral content for age [as detected by DEXA])? **ACTION REQUIRED: If Yes, please submit radiographic imaging results.**  
 Yes  No  Not performed
16. How does the patient's **pretreatment** serum alkaline phosphatase (ALP) level compare to the laboratory's reference normal range based on age and gender? **ACTION REQUIRED: Please submit laboratory test results.**  
 Higher than the laboratory's normal range  
 Lower than the laboratory's normal range  
 Within the laboratory's normal range
17. Does the patient have an elevated **pretreatment** level of a tissue-nonspecific alkaline phosphatase (TNSALP) substrate level (i.e., serum pyridoxal 5'-phosphate [PLP] level, serum or urine phosphoethanolamine [PEA] level, urinary inorganic pyrophosphate [PPi level])? **ACTION REQUIRED: If Yes, please submit laboratory test results.**  Yes  No

Appendix A. Examples of Signs and Symptoms of HPP

A. Perinatal/infantile-onset HPP:

- Generalized hypomineralization with rachitic features, chest deformities and rib fractures
- Skeletal abnormalities (e.g., short limbs, abnormally shaped chest, soft skull bone)
- Respiratory problems (e.g., pneumonia)
- Hypercalcemia
- Failure to thrive
- Severe muscular hypotonia and weakness
- Nephrocalcinosis secondary to hypercalciuria
- Swallowing problems
- Seizures

B. Juvenile-onset HPP: *List continues on next page.*

- Premature loss of deciduous teeth
- Failure to thrive with anorexia, nausea, and gastrointestinal problems
- Short stature with bowed legs or knock knees
- Skeletal deformities (e.g., enlarged wrist and ankle joints, abnormal skull shape)
- Bone and joint pain
- Rickets
- Fractures
- Delayed walking
- Waddling gait

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Appendix B. Examples of Radiographic Findings that Support HPP Diagnosis

- Infantile rickets
- Alveolar bone loss
- Focal bony defects of the metaphyses
- Metatarsal stress fractures
- Osteomalacia with lateral pseudofractures
- Osteopenia, osteoporosis, or low bone mineral content for age (as detected by dual-energy x-ray absorptiometry [DEXA])

*I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.*

X \_\_\_\_\_

**Prescriber or Authorized Signature**

**Date (mm/dd/yy)**

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