Policy Title: Strensiq (asfotase alfa) subcutaneous

<table>
<thead>
<tr>
<th>Department:</th>
<th>PHA</th>
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<tr>
<td>Effective Date:</td>
<td>09/06/2019</td>
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<tr>
<td>Review Date:</td>
<td>5/7/19, 9/6/2019, 1/29/20, 7/27/2020, 4/1/2021</td>
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<tr>
<td>Revision Date:</td>
<td>5/7/19, 9/6/2019, 1/29/20, 7/27/2020, 4/1/2021</td>
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Purpose: To support safe, effective and appropriate use of Strensiq (asfotase alfa).

Scope: Medicaid, Commercial, Medicare-Medicaid Plan (MMP)

Policy Statement:
Strensiq (asfotase alfa) is covered under the Medical Benefit when used within the following guidelines. Use outside of these guidelines may result in non-payment unless approved under an exception process.

Procedure:
Coverage of Strensiq will be reviewed prospectively via the prior authorization process based on criteria below.

Initial Criteria Coverage
- Prescriber is an endocrinologist or specialist in the treatment of perinatal/infantile or juvenile hypophosphatasia (HPP); and
- The following documentation must be included with the request:
  - ALPL molecular genetic testing results
  - Serum alkaline phosphatase (ALP) level
  - Tissue-non-specific alkaline phosphatase (TNSALP) substrate level; AND
- Patient must be clinically diagnosed with perinatal/infantile or juvenile HPP initially prior to 18 years of age; and
- Supporting documentation of diagnosis of perinatal/infantile- or juvenile onset HPP prior to 18 years old must be provided; and
- Patient has clinical signs and/or symptoms of hypophosphatasia as supported by clinical notes provided (see appendix A); and
- Diagnosis is supported by one of the following:
  - Molecular genetic testing supporting the presence of mutation in the ALPL gene detected; or
  - Diagnosis is supported by ALL of the following (provided with submitted request):
    - Radiographic imaging provided that demonstrates skeletal abnormalities supporting diagnosis of hypophosphatasia (e.g., infantile rickets, alveolar bone...
loss, osteoporosis, low bone mineral content for age [as detected by DEXA])
such as the following clinical features; and

- Craniosynostosis (premature fusion of one or more cranial sutures)
  with increased intracranial pressure;
- Rachitic chest deformity (costochondral junction enlargement seen in
  advanced rickets) with associated respiratory compromise;
- Limb deformity with delayed walking or gait abnormality;
- Compromised exercise capacity due to rickets and muscle weakness;
- Low bone mineral density for age with unexplained fractures;
- Alveolar bone loss with premature loss of deciduous (primary) teeth.
- A low baseline serum alkaline phosphatase (ALP) lab results provided
  supporting level below the gender- and age-specific reference range of the
  laboratory performing the test; and
- Elevated TNSALP substrate level as supported by lab results provided (i.e.
  serum PLP level, serum or urine PEA level, urinary PPi level); and

- Baseline ophthalmology exam; and
- Baseline renal ultrasound; and
- Member weight within 30 days of request; and
- Dose is than no greater than 2mg/kg three (3) times weekly and appropriate vials must be
  used for patient;
- MMP members who have previously received this medication within the past 365 days are
  not subject to Step Therapy Requirements

Renewal coverage:

- Supporting documentation provided that Strensiq has been effective in management of HPP
  and patient is responding to treatment such as:
  - Improvements in weight;
  - Improvement in height velocity;
  - Improvement in ventilator status, respiratory function;
  - Improvement in skeletal manifestations (e.g. bone mineralization, bone formation
    and remodeling, fractures, deformities);
  - Improvement in motor function, mobility or gait;
- Patient is tolerating therapy with Strensiq; and
- Documented ophthalmology exam once yearly to monitor ectopic calcifications; and
- Documented renal ultrasound once yearly to monitor ectopic calcifications.

Coverage durations:

- Initial coverage: 6 months
- Renewal coverage: 6 months

*** Requests will also be reviewed to National Coverage Determination (NCD) and Local Coverage
Determinations (LCDs) if applicable.***
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

Investigational use: All therapies are considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in any one of the following standard reference compendia: American Hospital Formulary Service Drug information (AHFS-DI), Thomson Micromedex DrugDex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs, or Peer-reviewed published medical literature indicating that sufficient evidence exists to support use. Neighborhood does not provide coverage for drugs when used for investigational purposes.

Applicable Codes:
Below is a list of billing codes applicable for covered treatment options. The below tables are provided for reference purposes and may not be all-inclusive. Requests received with codes from tables below do not guarantee coverage. Requests must meet all criteria provided in the procedure section.

The following HCPCS/CPT codes are:

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<thead>
<tr>
<th>HCPCS/CPT Code</th>
<th>Description</th>
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<tr>
<td>J3490 (NOC)</td>
<td>Unclassified drugs</td>
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References: