



**GEORGIA MEDICAID FEE-FOR-SERVICE
STRENSIQ PA SUMMARY**

Preferred	Non-Preferred
Strensiq (asfotase alfa)	n/a

LENGTH OF AUTHORIZATION: Initial 6 months; repeat 1 year

PA CRITERIA:

- ❖ Approvable for members with perinatal/infantile-onset or juvenile-onset hypophosphatasia (HPP) with low baseline serum alkaline phosphatase (ALP) activity (≤ 160 U/L)

AND

- ❖ Diagnosis must be confirmed by either genetic testing, an elevated urine concentration of phosphoethanolamine (PEA) or an elevated serum concentration of pyridoxal 5'-phosphate (PLP)

AND

- ❖ Member must be monitored for ectopic calcifications of the eyes and kidneys with ophthalmologic examinations and renal ultrasounds at baseline and periodically during treatment.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.