

## North Carolina Marketplace

**DRUG NAME**

**Strensiq (asfotase alfa)**

\_\_\_\_\_ and pyridoxal 5

### Hypophosphatasia (HPP)

initial

18 years of age \_\_\_\_\_

before

Dosage allowed/Quantity limit:  
\_\_\_\_\_  
  
\_\_\_\_\_

*If all the above requirements are met, the medication will be approved for 6 months.*

reauthorization

*If all the above requirements are met, the medication will be approved for an additional 12 months.*

CareSource considers Strensiq (asfotase alfa) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
09/13/2018	
04/23/2021	
03/07/2022	