

**Strensiq
 Prior Authorization Request**

Send completed form to: Case Review Unit CVS Caremark Specialty Programs Fax: 1-866-249-6155

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 copy or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect[®] 1-800-237-2767.

Patient's Name: _____ **Date:** _____
Patient's ID: _____ **Patient's Date of Birth:** _____
Physician's Name: _____
Specialty: _____ **NPI#:** _____
Physician Office Telephone: _____ **Physician Office Fax:** _____

1. What is the patient's diagnosis?
 Hypophosphatasia
 Other _____
2. What is the ICD-10 code? _____
3. When was the onset of the diagnosis?
 Perinatal/infantile-onset Juvenile-onset Adult-onset Other _____
4. Does the patient have clinical signs and/or symptoms of hypophosphatasia (eg, skeletal abnormalities, respiratory problems, hypercalcemia, seizures)? Yes No
5. What is the result of the *ALPL* molecular genetic testing?
ACTION REQUIRED: Attach ALPL molecular genetic testing result.
 Positive for mutation in the *ALPL* gene
 Negative for mutation in the *ALPL* gene
 Unknown or *ALPL* molecular genetic testing not performed
6. Do findings on radiographic imaging support the diagnosis of hypophosphatasia (eg, infantile rickets, alveolar bone loss, osteoporosis, low bone mineral content for age [as detected by DEXA])?
 Yes No Imaging not performed
7. How does the patient's serum alkaline phosphatase (ALP) level compare to the laboratory's reference normal range based on age and gender? ***ACTION REQUIRED: Attach laboratory result of serum phosphatase level.***
 Higher than the laboratory's normal range
 Lower than the laboratory's normal range
 Within the laboratory's normal range
8. Does the patient have an elevated level of a tissue non-specific alkaline phosphatase (TNSALP) substrate (ie, serum pyridoxal 5'-phosphate [PLP] level, serum or urine phosphoethanolamine [PEA] level, urinary inorganic pyrophosphate [PPi level])? ***ACTION REQUIRED: Attach laboratory result of a TNSALP substrate level.***
 Yes No

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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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