

Pre - PA Allowance

None

Prior-Approval Requirements

Diagnoses

Patient must have **ONE** of the following:

1. Perinatal/infantile onset hypophosphatasia
2. Juvenile-onset hypophosphatasia

AND ALL of the following:

- a. Ophthalmology examination at baseline and periodically throughout treatment
- b. Renal ultrasound at baseline and periodically throughout treatment
- c. Physician agrees to assess patient's improvement in growth and radiographical findings after one year of therapy and discontinue if **NO** improvement is seen

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Diagnoses

Patient must have **ONE** of the following:

1. Perinatal/infantile onset hypophosphatasia
2. Juvenile-onset hypophosphatasia

AND ALL of the following:

- a. Ophthalmology examinations are done periodically throughout treatment
- b. Renal ultrasound are done periodically throughout treatment
- c. Documented patient's improvement in growth and radiographical findings

Prior – Approval *Renewal* Limits

Duration 2 years