Strensiq®

Products affected

- Strensiq®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	N/A
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	One year
Other criteria	Must be used for the treatment of perinatal/infantile- or juvenile onset hypophosphatasia.