

CRYSVITA MEDICATION ORDER

Patient's Name (Last, First, Middle) _____ DOB: _____

Important note: Labs required for initial and ongoing treatment shall be drawn by, or arranged to be drawn by, the prescriber.

■ Diagnosis

E83.31 X-linked hypophosphatemia (XLH)

■ Details Needed for Authorization

Patient's height in ft/in: _____ Patient's weight in lbs: _____

- Provide baseline fasting serum phosphorus levels from within past six weeks.
- All chart notes which support diagnosis and treatment plan, including labs and other diagnostic results.
- Will the patient discontinue oral phosphate and active vitamin D analogs at least 1 week prior to initiating Crysvida? _____
- Does the patient have severe renal impairment or end stage renal disease? _____

■ Crysvida Order

Crysvida (burosumab) for Adults: subcutaneous injection of 1.0 mg/kg rounded to the nearest 10mg (maximum 90mg dose), every 4 weeks, for a period of _____ months.

Crysvida (burosumab) for Pediatrics: subcutaneous injection of 0.8 mg/kg rounded to the nearest 10mg (maximum 90mg dose), every 2 weeks, for a period of _____ months.

Medication to be injected as per manufacturer's instructions. The maximum volume per injection site is 1.5ml; if more volume is required on any given dosing day, the total volume shall be split between two different injection sites.

■ Rescue Management in case of Reaction

These include fever, chills, rigors, headache, rash, itching, swelling, edema, nausea, vomiting, abdominal pain, hypotension, and respiratory distress.

- Follow standing reaction orders, including diphenhydramine, methylprednisolone, albuterol and oxygen as needed.
- For severe reactions, administer Epi-pen or equivalent and call 911. Repeat if severe symptoms persist.
- Call ordering provider to report reaction.

■ Ordering Provider Authorization

Provider's Signature: _____ Name: _____ Date: _____

Address: _____

Phone: _____ Fax: _____ NPI #: _____ License: _____

DOCUMENTATION TO INCLUDE:

- Patient demographics and insurance, including card scans (both medical and pharmacy benefit cards, both sides).
- Most recent chart notes and, if available, last history and physical. All relevant scans, tests and laboratory results.
- Chart notes which include decision to begin treatment with Crysvida, including other prior administered therapies.

Fax this order and supporting documentation to (732) 329-2322.