





MRN: \_\_\_\_\_

**Phone: 1-800-809-1265 Fax: 1-866-872-8920**

DOB: \_\_\_\_\_

## Guidelines for Prescribing Crysvita (Burosumab-twza)

(Required documentation with all initial referrals)

Patient Name: \_\_\_\_\_

Referral Date: \_\_\_\_\_

- \_\_\_\_\_ Include signed and completed **Plan of Treatment**. (MD must complete sections 1-6)  
(Infusion order forms & Standard Adverse Reactions orders are available at [www.palmettoinfusion.com](http://www.palmettoinfusion.com) under Agency/MD tab)
- \_\_\_\_\_ Include patient demographic information and insurance information. (Copy of insurance cards if available)
- \_\_\_\_\_ **Supporting clinical MD notes to include any past tried and/or failed therapies, intolerance, outcomes or contraindications to conventional therapy. Include any lab results and/or tests to support diagnosis.**
- \_\_\_\_\_ Other as requested: \_\_\_\_\_

### Pre-Screening:

- \_\_\_\_\_ Serum Phosphorus level required (Serum level must be below normal range for age to initiate treatment.)
- \_\_\_\_\_ Discontinue oral phosphate and active Vitamin D analogs 1 week prior to initiation of treatment. Stop date: \_\_\_\_\_
- \_\_\_\_\_ Contraindicated with severe renal impairment or end stage renal disease.

**-----WARNINGS AND PRECAUTIONS-----**

- **Hypersensitivity:** Discontinue CRYSVITA if serious hypersensitivity reactions occur and initiate appropriate medical treatment. (5.1)
- **Hyperphosphatemia and Risk of Nephrocalcinosis:** For patients already taking CRYSVITA, dose interruption and/or dose reduction may be required based on a patient's serum phosphorus levels. (5.2)
- **Injection Site Reactions:** Administration of CRYSVITA may result in local injection site reactions. Discontinue CRYSVITA if severe injection site reactions occur and administer appropriate medical treatment. (5.3, 6.1)

Palmetto Infusion Services will complete insurance verification and submit all required clinical documentation to the patient's insurance company for eligibility. Our office will notify you if any further information is required. We will review financial responsibility with the patient and refer them to any available Co-pay assistance as required. Thank you for the referral.

**Please fax all information to 1-866-872-8920 or call 1-800-809-1265 for assistance.**