MRN:_____

DOB:_____

STANDARD Crysvita (Burosumab-twza) PLAN OF TREATMENT FOR PEDIATRIC PATIENTS

NOTE: Patient ***may be ineligible*** to receive Crysvita for Serum phosphorus levels greater than 5mg/dl.

1. Patient Name:_____Height (inches):_____Weight (lbs):_____

2. Allergies: _____

3. Diagnosis: * **Please complete the 2nd and 3rd digits to complete the ICD-10 code for billing**

☐ E83.31 Familial Hypophosphatemia

☐ Other **ICD-10 Code:**_____**Diagnosis description:**_____

4. Orders:

CRYSVITA – Starting dose is 0.8mg/kg rounded to the nearest 10mg administered every 2 weeks. (The minimum starting dose is 10mg up to a maximum of 90mg.)

Dosing Adjustment:

***Do not adjust CRYSVITA dosing more frequently than every 4 weeks.**

Dose Increase: If serum phosphorus is above the lower limit of the reference range for age and below 5mg/dl, continue treatment with the same dose. If the serum level is below the reference range for age, the dose may be increased up to 2mg/kg, according to the dosing schedule shown In TABLE 1.

Table 1: Pediatric Dose Schedule for Stepwise Dose Increase

Body Weight (kg)	Starting Dose (mg)	First Dose Increase to (mg)	Second Dose Increase to (mg)
10 - 14	10	15	20
15 - 18	10	20	30
19 - 31	20	30	40
32 - 43	30	40	60
44 - 56	40	60	80
57 - 68	50	70	90
69 - 80	60	90	90
81 - 93	70	90	90
94 - 105	80	90	90
106 and greater	90	90	90

MRN:_____

DOB:_____

Dose Decrease: If serum phosphorus level is above 5mg/dl, withhold the next dose and reassess the level in 4 weeks. The patient must have a serum phosphorus level below the reference range for age to reinitiate Crysvita. Once the serum phosphorus is below the reference range for age, treatment may be restarted according to the dose schedule shown in TABLE 2. If the level remains below the reference range for age after the re-initiation dose, the dose can be adjusted according to TABLE 1.

Table 2: Pediatric Dose Schedule for Re-Initiation of Therapy

Previous Dose (mg)	Re-Initiation Dose (mg)
10	5
15	10
20	10
30	10
40	20
50	20
60	30
70	30
80	40
90	40

(Administer subcutaneous injections only to upper arm, upper thigh, buttocks, or abdomen. Do not give more than 1.5ml per injection site)

Clinical Lab Monitoring*:* ***Referring physician will be responsible for obtaining and monitoring labs. Monitor serum phosphorus levels every 4 weeks for first 3 months of therapy and thereafter as appropriate. Reassess serum phosphorus level 4 weeks after any dose adjustment.***

Special orders: _____

If adverse drug reaction occurs, utilize the ADVERSE DRUG REACTION GUIDELINES

5. Physician's Signature:_____/_____Date: _____

No Stamp Signatures (Dispense as written) (Substitution permitted)

Printed Physician's Name with Credentials:_____NPI: _____

MRN:_____

DOB:_____

Guidelines for Prescribing Crysvita (Burosumab-twza)

(Required documentation with all initial referrals)

Patient Name: _____ **Referral Date:** _____

☐ Include signed and completed **Plan of Treatment**.

☐ 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 reference 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)

Checklist for referrals to AccuRX Infusion Center:

Fax referral to 1-866-990-3192

- Patient demographics – address, phone number, SS#, etc.
- Insurance Information – copy of the card(s) if possible
- Plan of Treatment/Orders
- Most recent physician office notes to include tried and failed therapies – all insurance companies that require a pre-authorization require the note. This includes Medicare/Medicaid HMOs
- Any lab results or other diagnostic procedures to support the diagnosis

AccuRx Infusion Center 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.