Palmetto INFUSION®

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

Referral Status:			MRN:
☐ New referral	☐ Order change		☐ Order Renewal
Patient preferred clinic:			

Rev 4.28.25

Crysvita® (burosumab-twza) Adult Standard Plan of Treatment

PATIENT DEMOGRAPHICS:

Patient Name:

Patient's Phone:	Address:
Date of Birth:	City, State, Zip:

Height in inches:	Weight: LB or KG	Gender:	Allergies:	☐ See list	☐ NKDA

DIAGNOSIS: (PLEASE COMPLETE 2ND AND 3RD DIGITS TO COMPLETE ICD 10 FOR BILLING)

☐	E83.31 - Familial Hypophosphatemia	☐	E83.8 Other adult osteomalacia
☐	E83.39 - Other disorders of phosphorus metabolism		
☐	________ - Other: ________________________________		

REQUESTED DOCUMENTATION:

1	Insurance information
2	Most recent History & Physical
3	Full medication list
4	Tried and failed therapies
5	Fasting serum Phosphorus level *required*
6	Discontinuation of oral phosphate and Vitamin D analogs 1 week prior to initiation

PREVIOUS ADMINISTRATION: HAS THIS PATIENT TAKEN THIS MEDICATION BEFORE?

IF NO:	IF YES:
PLEASE STATE REQUIRED WASHOUT FROM PREVIOUS THERAPY:	LAST INJECTION DATE:
	NEXT INJECTION DATE:
	IF ORDER CHANGE:
	☐ **Continue current order until insurance approved**

MEDICATION ORDERS:

NOTE: Patient may be ineligible to receive Crysvita with elevated phosphorus serum levels.

MEDICATION:

☑ Crysvita® (burosumab-twza)

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

DOSE:

☐ 1mg/kg up to 90mg (recommended starting dose with a maximum recommended dose of 90mg)

☐ Other: ___________________________

All doses will be rounded to the nearest 10mg.

FREQUENCY:

☐ Every 4 weeks

☐ Other: ___________________________

Referring physician will be responsible for obtaining and monitoring labs.

SPECIAL ORDERS:

☐ ____

☑ Refills x 12 months unless noted otherwise here:

NURSING ORDERS:

☑ Provide nursing care per Palmetto Infusion Nursing Procedures and post procedure observation if indicated

ADVERSE REACTION & ANAPHYLAXIS ORDERS:

Administer acute infusion and anaphylaxis medications per Palmetto Infusion standing adverse reaction orders, which can be found at our website.

PRESCRIBER INFORMATION:

PROVIDER NAME:	PHONE:
ADDRESS:	FAX:
CITY, STATE, ZIP:	NPI:

PRESCRIBER SIGNATURE: (No stamp signatures)

		DATE
Dispense as written/Brand medically necessary	Substitution permitted	