### Overview

Crysvita (burosumab-twza) is a fibroblast growth factor 23 (FGF23) blocking antibody indicated for X-linked hypophosphatemia and works by restoring renal phosphate reabsorption and by increasing serum concentrations of 1,25 dihydroxyvitamin D for children at least 1 year of age and adults.

### Coverage Guidelines

Authorization may be granted for members with a diagnosis of X-linked hypophosphatemia when ALL the following criteria are met, and documentation is provided:

1. Documented diagnosis of X-linked hypophosphatemia is supported by either:
   a. Genetic testing
   OR
   b. Serum fibroblast growth factor 23 level greater than 30pg/ml
2. Prescriber is an Endocrinologist, Nephrologist or specialist in metabolic bone disorders.
3. Documentation that member’s baseline serum phosphorous level is below normal for age is submitted.
4. **For adults > 18 years of age**, Symptomatic disease as evidenced by at least ONE of the following:
   a. Severe disabling skeletal pain
   OR
   b. Impaired mobility
   OR
   c. Recent fracture

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**Specialty Medications**

- All Plans: Phone: 866-814-5506 | Fax: 866-249-6155

**Non-Specialty Medications**

- MassHealth: Phone: 877-433-7643 | Fax: 866-255-7569
- Commercial: Phone: 800-294-5979 | Fax: 888-836-0730
- Exchange: Phone: 855-582-2022 | Fax: 855-245-2134

**Medical Specialty Medications (NLX)**

- All Plans: Phone: 844-345-2803 | Fax: 844-851-0882

**Exceptions**

N/A
Continuation of Therapy
Reauthorization may be granted for members when physician documentation of an increase in the member’s baseline phosphorous level is submitted with ALL the following information:

1. For adults > 18 years of age, documentation of:
   a. Decrease in skeletal pain
   b. Improved mobility
   c. Fracture reduction or increased in fracture healing time

OR

2. For children > 1 year of age, documentation of:
   a. Increase in linear growth
   b. Decrease in pain

Limitations
1. Initial approvals will be for 6 months.
2. Reauthorizations will be for 12 months.

References
1. Crysvita (burosumab-twza) [prescribing information]. Novato, CA: Ultragenyx Pharmaceutical Inc; September 2018. DDAVP Spray and DDAVP Rhinyl (desmopressin) [product monograph]. North York, Ontario: Ferring; April 2018
3. FDA News Release: FDA approves first therapy for rare inherited form of rickets, x-linked hypophosphatemia. Available at: https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm604810.htm

Review History
02/20/19 – Reviewed

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