PHARMACY POLICY STATEMENT
North Carolina Marketplace

DRUG NAME	Crysvita (burosumab-twza)
BILLING CODE	J0584
BENEFIT TYPE	Medical
SITE OF SERVICE ALLOWED	Home, Office
STATUS	Prior Authorization Required

Crysvita is a fibroblast growth factor 23 (FGF23) blocking antibody indicated for: 1) The treatment of X-linked hypophosphatemia (XLH), and 2) The treatment of FGF23-related hypophosphatemia in tumor-induced osteomalacia (TIO) associated with phosphaturic mesenchymal tumors (PMT) that cannot be curatively resected or localized.
XLH is a rare, inherited form of rickets with renal phosphate wasting caused by excessive

b) Severe renal impairment or ESRD.

8. **Dosage allowed/Quantity limit:**
   Adult XLH (18 years of age and older): 1 mg/kg to the nearest 10 mg up to a maximum dose of 90 mg subQ every four weeks.
   Pediatric XLH (6 months to less than 18 years): For members who weigh < 10 kg, starting dose is 1 mg/kg to the nearest 1 mg, subQ every two weeks. For members who weigh 10 kg or greater, starting dose is 0.8 mg/kg to the nearest 10 mg, subQ every two weeks. The minimum starting dose is 10 mg up to a maximum of 90 mg. Dose may be increased up to 2 mg/kg (max 90 mg), every two weeks.
   QL: 6 vials per 28 days

If all the above requirements are met, the medication will be approved for 6 months.

For **reauthorization**: