

PHARMACY POLICY STATEMENT

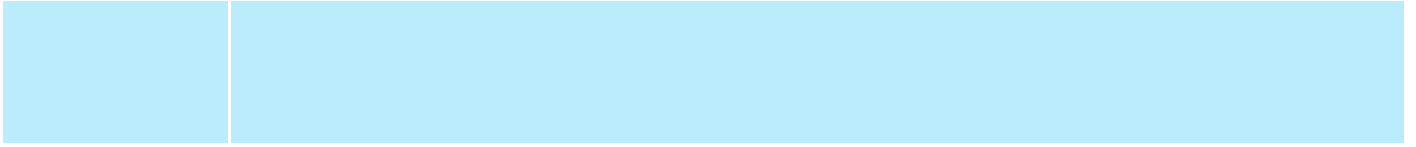
Indiana Medicaid

DRUG NAME	Crysvita (burosumab-twza)
BILLING CODE	J0584
BENEFIT TYPE	Medical
SITE OF SERVICE ALLOWED	Office
COVERAGE REQUIREMENTS	Prior Authorization Required (Non-Preferred Product) QUANTITY LIMIT— see “dosage allowed” sections
LIST OF DIAGNOSES CONSIDERED NOT MEDICALLY NECESSARY	Click Here

Crysvita (burosumab-twza) is a non-preferred product and will only be considered for coverage under the medical benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.





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23. Ruppe MD. X-Linked Hypophosphatemia. 2012 Feb 9 [Updated 2017 Apr 13]. In: Adam MP, Ardinger HH, Pagon RA, et al., editors. GeneReviews® [Internet]. Seattle (WA): University of Washington, Seattle; 1993-2020. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK83985/>
24. Whyte MP, Carpenter TO, Gottesman GS, et al. Efficacy and safety of burosumab in children aged 1-4 years with X-linked hypophosphataemia: a multicentre, open-label, phase 2 trial. 2019;7(3):189-199. doi:10.1016/S2213-8587(18)30338-3
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28. Haffner D, Emma F, Eastwood DM, et al. Clinical practice recommendations for the diagnosis and management of X-linked hypophosphataemia. 2019;15(7):435-455. doi:10.1038/s41581-019-s0152-5

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