

PHARMACY POLICY STATEMENT

Ohio Medicaid

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 FGF23 activity that results from mutations of the PHEX gene.

If all the above requirements are met, the medication will be approved for an additional 12 months.

CareSource considers Crysvida (burosumab-twza) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
05/16/2018	New policy for Crysvida created.

