

Crysvita (burosumab-twza)

Drug names	<div>1. Burosumab-twza</div> <div>2. Crysvita</div>						
Description	<p>Crysvita (burosumab-twza) is a monoclonal antibody that targets and blocks the activity of a blood protein called FGF23. In a genetic condition called X-linked hypophosphatemia, low phosphate levels in blood are caused by abnormally high levels of FGF23 protein, which causes the kidneys to stop reabsorbing phosphate into the bloodstream.</p> <p>Blocking the FGF23 protein allows the kidneys to restore and maintain normal phosphate levels. Phosphate is important for the strength of bones and teeth. Low phosphate levels can lead to bone deformities and growth problems.</p> <p>Crysvita is used to normalize phosphate levels in adults and children who have X-linked hypophosphatemia and are at least six (6) months old.</p> <p>It is also used to help normalize phosphate levels in adults and children age 2 years and older with a rare and slow growing type of tumor that produces excessive FDF23, affecting phosphate reabsorption.</p> <p>It is administered by subcutaneous injection.</p>						
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none">CommercialGovernment ProgramsIndividual and Family Business (IFB)						
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>2.21.24</td><td>Refreshed due to age.</td></tr><tr><td>2.21.24</td><td><i>Description</i> - Updated per Pharmacy.</td></tr></table>	Date	Description	2.21.24	Refreshed due to age.	2.21.24	<i>Description</i> - Updated per Pharmacy.
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Commercial

Introduction	<p>This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).</p>				
Dean (DHP, Prevea360)	<p>Medical Injectable Policy, <i>Crysvita (burosumab-twza)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through health plan. See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If approved, quote office visit or outpatient hospital benefits.				
Mayo Medical Plan (MMP)	<p>Quote office visit or outpatient hospital benefits.</p>				
Medica (including MHPS)	<p>Magellan’s Pharmacy Clinical Guideline, <i>Crysvita (burosumab-twza)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through Magellan. See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient hospital POS: PA is not required.– Providers: Certain providers are excluded. See Injectable Drug Prior Authorization (Magellan Rx).• If approved, quote office visit or outpatient hospital benefits.				
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.				
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Quote office visit or outpatient hospital benefits.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.				
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Magellan’s Pharmacy Clinical Guideline, <i>Crysvita (burosumab-twza)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through Magellan. See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient POS: PA is not required.– Providers: Certain providers are excluded. See Injectable Drug Prior Authorization (Magellan Rx).• If approved, quote office visit or outpatient hospital benefits.• Medica is the only payer.				
Cost (Prime)	<p>Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.</p> <ul style="list-style-type: none">• Drug administration: Quote office visit benefits.• Injection (J-code): Quote <i>Part B Prescription Drugs</i> in the EOC.• Follows Medicare guidelines.				
Med Advantage	<p>Magellan’s Pharmacy Clinical Guideline, <i>Crysvita (burosumab-twza)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through Magellan. See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient POS: PA is not required.– Providers: Certain providers are excluded. See Injectable Drug Prior Authorization (Magellan Rx).• Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.<ul style="list-style-type: none">– Drug administration: Quote office visit benefits.– Injection (J-code): Quote <i>Part B Prescription Drugs</i> in the EOC.• Follows Medicare guidelines.• Medica is the only payer.				
Med Supp (Select, Signature)	<p>Quote office visit or outpatient hospital benefits.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.				
Medicaid	<p>Magellan’s Pharmacy Clinical Guideline, <i>Crysvita (burosumab-twza)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through Magellan. See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient hospital POS: PA is not required.– Providers: Certain providers are excluded. See Injectable Drug Prior Authorization (Magellan Rx).• If approved, quote office visit or outpatient hospital benefits.				
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Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>				
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>Medical Injectable Policy, <i>Crysvita (burosumab-twza)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through health plan. See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If approved, quote office visit or outpatient hospital benefits.				
Medica	<p>Magellan’s Pharmacy Clinical Guideline, <i>Crysvita (burosumab-twza)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through Magellan. See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient hospital POS: PA is not required.– Providers: Certain providers are excluded. See Injectable Drug Prior Authorization (Magellan Rx).• If approved, quote office visit or outpatient hospital benefits.				
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