Pharmacy Drug Policy Checklist

POLICY NAME	Crysvita (burosumab)	POLICY #	2664P

Criteria

Coverage Criteria for X-linked hypophosphatemia

- ☐ **1.1** Diagnosis confirmed by one of the following:
  - Genetic testing (e.g., confirmed PHEX gene mutation in patient or first-degree relative)
  - Elevated serum fibroblast growth factor 23 (FGF23) level > 30 pg/mL
- ☐ **1.2** Age 6 months or older
- ☐ **1.3** Prescribed by or in consultation with an endocrinologist (hormone doctor) or specialist experienced in the treatment of metabolic bone disorders
- ☐ **1.4** One of the following:
  - Patient's epiphyseal plate (growth plate) has not fused
  - Patient's epiphyseal plate has fused and patient is experiencing clinical signs and symptoms of the disease (e.g., limited mobility, musculoskeletal pain, bone fractures) and failure, intolerance or contraindication to therapy with calcitriol in combination with an oral phosphate agent (e.g., K-Phos, K-Phos Neutra)
- ☐ **1.5** Documented fasting serum phosphorus level that is below the normal range for age

Coverage Criteria for Tumor-Induced Osteomalacia

- ☐ **2.1** Diagnosisi of fibroblast growth factor 23 (FGF23)-related hypophosphatemia in tumor-induced osteomalacia
- ☐ **2.2** Associated with phosphaturic mesenchymal tumors that cannot be curatively resected or localized
- ☐ **2.3** Age 2 years or older
- ☐ **2.4** Prescribed by or in consultation with an oncologist (cancer doctor), an endocrinologist (hormone doctor), or a specialist experienced in the treatment of metabolic bone disorders
- ☐ **2.5** Documented fasting serum phosphorus level that is below the normal range for age