

Market Applicability															
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

\*FHK- Florida Healthy Kids

## Crysvita (burosumab-twza)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Crysvita (burosumab-twza) subcutaneous injection

### APPROVAL CRITERIA

Requests for Crysvita (burosumab-twza) may be approved if the following criteria are met:

- I. Individual is using for the treatment of X-linked hypophosphatemia (XLH); **AND**
- II. If initiating treatment, individual has a serum phosphorus level below the reference range for age.

Crysvita (burosumab-twza) may **not** be approved for any of the following:

- I. Individual will be utilizing Crysvita in combination with a phosphate supplement or vitamin D analog (for example, calcitriol); **OR**
- II. Individual has severe renal impairment or end stage renal disease.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

### Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

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New Program Date 05/01/2018)

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

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DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

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