

Crysvita® (burosumab-twza) (Subcutaneous)

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I. Length of Authorization

- Initial: Prior authorization validity will be provided initially for 6 months (180 days).
- Renewal: Prior authorization validity may be renewed every 12 months (365 days) thereafter.

II. Dosing Limits

Max Units (per dose and over time) [HCPCS Unit]:

- **XLH:** 90 billable units every 14 days
- **TIO:** 180 billable units every 14 days

III. Initial Approval Criteria ¹

Prior authorization validity is provided in the following conditions:

- Member has not received oral phosphate and/or active vitamin D analogs within 1 week prior to the start of therapy; **AND**
- Baseline fasting serum phosphorus* level with current hypophosphatemia, defined as a phosphate level below the lower limit of the laboratory normal reference range; **AND**
- Member has a reduced tubular resorption of phosphate corrected for glomerular filtration rate (TmP/GFR); **AND**
- Other causes of hypophosphatemia (e.g., autosomal dominant or recessive hypophosphatemic rickets) have been ruled out; **AND**

**Note: Phosphorous levels should be obtained fasting 12 hours or more without food or drink except for water and after an adequate washout period after supplements; lab values (i.e. GFR, phosphorous, TmP/GFR) should be obtained within 28 days of the date of administration.*

Universal Criteria ¹

- Will not be used concomitantly with oral phosphate and/or active vitamin D analogs; **AND**
- Member does not have severe renal impairment, defined as a glomerular filtration rate (GFR) of <30 mL/min; **AND**
- Member 25-hydroxy vitamin D levels will be monitored at baseline and intermittently and member will be supplemented with cholecalciferol or ergocalciferol to maintain levels in the normal range for age; **AND**

- Members at high risk for hypercalcemia (e.g., pre-existing hyperparathyroidism, prolonged immobilization, dehydration, hypervitaminosis D, or renal impairment) will have serum calcium and parathyroid hormone levels assessed prior to starting and during therapy; **AND**

X-linked Hypophosphatemia (XLH) † Φ ^{1-7,9,11}

- Member is at least 6 months of age; **AND**
- Diagnosis is confirmed by identifying at least one of the following:
 - Serum fibroblast growth factor-23 (FGF23) level > 30 pg/mL (>230 RU/mL in children 3 months-17 years; >180 RU/mL in adults using EDTA plasma); **OR**
 - Phosphate regulating gene with homology to endopeptidases located on the X chromosome (*PHEX* gene) mutations in the member; **AND**
- Adult members must have had an inadequate response from oral phosphate and active vitamin D analogs

Tumor-induced Osteomalacia (TIO) † Φ ^{1,8,10,12}

- Member is at least 2 years of age; **AND**
- Must have a diagnosis of tumor-induced osteomalacia (TIO) associated with phosphaturic mesenchymal tumors that cannot be curatively resected or localized; **AND**
- Diagnosis is confirmed by identifying excessive serum FGF23 (i.e., level ≥ 100 pg/mL) that is not amenable to cure by surgical excision of the offending tumor/lesion

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Φ Orphan Drug

IV. Renewal Criteria ¹

Prior authorization validity may be renewed based on the following criteria:

- Member continues to meet the universal and other indication-specific relevant criteria as identified in section III; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity: severe hypersensitivity reactions, hyperphosphatemia and/or nephrocalcinosis, moderate to severe hypercalcemia, severe injection site reactions, etc.; **AND**
- Current serum phosphorus level is not above the upper limit of the laboratory normal reference range; **AND**
- Disease response as indicated by increased serum phosphorus levels, improvement in renal phosphate wasting, a reduction in serum total alkaline phosphatase activity, improvement in symptoms (e.g., skeletal pain, linear growth, etc.), and/or improvement in radiographic imaging of Rickets/osteomalacia; **AND**

X-linked Hypophosphatemia (XLH) ⁹

- Pediatric members must be re-evaluated at adulthood in order to determine if continued therapy is necessary (i.e., discontinuation of burosumab in order to reassess whether treatment with oral phosphate and active vitamin D analogs provide an adequate response)

Tumor-induced Osteomalacia (TIO) ^{10,12}

- If a member undergoes treatment of the underlying tumor (i.e., surgical excision or radiation therapy) treatment should be interrupted and serum phosphorus reassessed after treatment has been completed to determine if continued therapy is necessary

V. Dosage/Administration ¹

Indication	Dose**
X-Linked Hypo-phosphatemia (XLH)	<u>Pediatrics</u> Weight <10 kg: • Starting dose is 1 mg/kg of body weight, rounded to the nearest 1 mg, administered every two weeks. Weight ≥10 kg: • Starting dose is 0.8 mg/kg of body weight, rounded to the nearest 10 mg, administered every two weeks. • The minimum starting dose is 10 mg up to a maximum dose of 90 mg. – <i>Measure fasting serum phosphorus every 4 weeks for the first 3 months of treatment, and thereafter as appropriate.</i> – <i>If serum phosphorus is above the lower limit of the reference range for age and below 5 mg/dL, continue treatment with the same dose.</i> – <i>If serum phosphorus is below the reference range for age, dose may be increased (please refer to prescribing information for stepwise dose increase schedule).</i> – <i>If serum phosphorus is above 5 mg/dL, withhold treatment. Once serum phosphorus is below the reference range for age, treatment may be restarted (please refer to prescribing information for re-initiation dose schedule).</i>
	<u>Adults</u> • Starting dose is 1 mg/kg body weight, rounded to the nearest 10 mg up to a maximum dose of 90 mg, administered every four weeks. – <i>Assess fasting serum phosphorus on a monthly basis, measured 2 weeks post-dose, for the first 3 months of treatment, and thereafter as appropriate.</i> – <i>If serum phosphorus is within the normal range, continue with the same dose.</i> – <i>If serum phosphorus is below the normal range after the initial treatment period, members may be transitioned to a dosage of 0.5 mg/kg, not to exceed 90 mg, once every 2 weeks. If further dosage increase is needed after 4 weeks of CRYSVITA 0.5 mg/kg every 2 weeks, the dosage can be increased to 1 mg/kg, not to exceed 90 mg, administered every 2 weeks.</i> – <i>If serum phosphorus is above the normal range, withhold the next dose. Once serum phosphorus is below the normal range, treatment may be restarted</i>

	(please refer to prescribing information for re-initiation dose schedule).
Tumor-induced Osteomalacia (TIO)	<u>Pediatrics</u> - Starting dose is 0.4 mg/kg of body weight, rounded to the nearest 10 mg, administered every two weeks, up to a maximum dose of 2 mg/kg not to exceed 180 mg administered every two weeks. - After initiation of treatment, assess fasting serum phosphorus on a monthly basis, measured 2 weeks post-dose, for the first 3 months of treatment, and thereafter as appropriate. - If serum phosphorus is within the reference range for age, continue with the same dose. - Reassess fasting serum phosphorus level 4 weeks after dose adjustment (please refer to prescribing information for stepwise dose increase and decrease schedule). - If a member undergoes treatment of the underlying tumor (i.e., surgical excision or radiation therapy), treatment should be interrupted and serum phosphorus reassessed after treatment has been completed. Dose should be restarted at the member's initiation dose if serum phosphorus remains below the lower limit of normal (please refer to prescribing information for dose adjustment schedule).
	<u>Adults</u> - Starting dose is 0.5 mg/kg body weight, rounded to the nearest 10 mg up to a maximum dose of 180 mg, administered every 2 weeks. - After initiation of treatment with, assess fasting serum phosphorus on a monthly basis, measured 2 weeks post-dose, for the first 3 months of treatment, and thereafter as appropriate. - If serum phosphorus is within the normal range, continue with the same dose. - Reassess fasting serum phosphorus level 2 weeks after dose adjustment (please refer to prescribing information for stepwise dose increase and decrease schedule). - If a member undergoes treatment of the underlying tumor (i.e., surgical excision or radiation therapy), treatment should be interrupted and serum phosphorus reassessed after treatment has been completed. Dose should be restarted at the member's initiation dose if serum phosphorus remains below the lower limit of normal (please refer to prescribing information for dose adjustment schedule).
	**Note: Do not adjust the Crysvita dose more frequently than every 4 weeks, refer to the package insert for dose adjustments. Crysvita must be administered via subcutaneous injection by a healthcare provider.

VI. Billing Code/Availability Information

HCPCS Code:

- J0584 – Injection, burosumab-twza 1 mg; 1 billable unit = 1 mg

NDC(s):

- Crysvita 10 mg/mL single-dose vial: 42747-0102-xx

- Crysvita 20 mg/mL single-dose vial: 42747-0203-xx
- Crysvita 30 mg/mL single-dose vial: 42747-0304-xx

VII. References

1. Crysvita [package insert]. Princeton, NJ; Kyowa Kirin, Inc.; April 2026. Accessed May 2026.
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7. Felsenfeld AJ, Levine BS. Approach to treatment of hypophosphatemia. *Am J Kidney Dis.* 2012 Oct;60(4):655-61.
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11. Hartley IR, Gafni RI, Roszko KL, et al. Determination of FGF23 Levels for the Diagnosis of FGF23-Mediated Hypophosphatemia. *J Bone Miner Res.* 2022;37(11):2174-2185. doi:10.1002/jbmr.4702
12. Scheinman SJ, Carpenter T. (2025). Hereditary hypophosphatemic rickets and tumor-induced osteomalacia. In Sterns RH, Geffner ME. (Eds.), *UptoDate*. Last updated May 20, 2026. Accessed May 21, 2026. Available from: <https://www.uptodate.com/contents/hereditary-hypophosphatemic-rickets-and-tumor-induced-osteomalacia>.

Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist

Non-quantitative treatment limitations (NQTLs) refer to the methods, guidelines, standards of evidence, or other conditions that can restrict how long or to what extent benefits are provided under a health plan. These may include things like utilization review or prior authorization. The utilization management NQTL applies comparably, and not more stringently, to mental health/substance use disorder (MH/SUD) Medical Benefit Prescription Drugs and medical/surgical (M/S) Medical Benefit Prescription Drugs. The table below lists the factors that were considered in designing and applying prior authorization to this drug/drug group, and a summary of the conclusions that Prime's assessment led to for each.

Factor	Conclusion
Indication	Yes: Consider for PA
Safety and efficacy	No: PA not a priority
Potential for misuse/abuse	No: PA not a priority
Cost of drug	Yes: Consider for PA

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
E83.31	Familial hypophosphatemia
E83.39	Other disorders of phosphorus metabolism
M83.8	Other adult osteomalacia

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents:

<https://www.cms.gov/medicare-coverage-database/search.aspx>. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC