Burosumab-twza (Crysvita)



Please provide the information below, please print your answer, attach supporting documentation, sign, date, and return to our office as soon as possible to expedite this request. **Without this information, we may deny the request in seven (7) working days.**

	1	General info	ormation			
Dat	e of request	Patient		Date of birth		
Pro	viderOne client ID	Prescribe	er	Billing provider N	IPI number	
Tele	ephone number		Fax number			
Dru	g/strength/dose/frequency					
	2	Patient info	rmation			
1.	. Is this request for a continuation of existing therapy? If yes, is there improvement in symptoms (e.g. skeletal pain, linear growth, improvement in skeletal deformities, reduction of fractures) or radiographic imaging of rickets/osteomalacia?			Yes	No	
					Yes	No
2.	Is patient's diagnosis X-linked If no, specify diagnosis:	hypophosphatemi	a?		Yes	No
	Indicate the following for pati	ent:				
	Serum Fibroblast Growth Fac	tor 23 (FGF-23)	pg/mL			

Serum phosphorus	mg/dL
Serum calcium:	mg/dL
Serum alkaline phosphatase	U/L
1,25 dihydroxyvitamin D level	pg/mL

CrCl mL/min

Weight:

	3 Prescriber's signature						
•	Chart notes and most recent CBC and labs						
•	Genetic testing for PHEX-gene mutations or labs confirming diagnosis						
All the following are required with this request:							
6.	For patients 18 years and older, are there documented clinical signs and/or symptoms of the disease (e.g., rickets, growth retardation, musculoskeletal pain, bone fractures)?	Yes	No				
5.	Is this prescribed by or in consultation with a physician who is experienced in the treatment of metabolic bone disorders?	Yes	No				
4.	Will oral phosphate and/or active vitamin D analogs be stopped within 1 week prior to initiation of, and not be used in combination with the requested treatment?	Yes	No				
3.	Has patient had an inadequate response, or has an intolerance/contraindication, to oral phosphate and vitamin D treatment for at least 6 months?	Yes	No				

Prescriber's signature

Prescriber's specialty

Date