

Burosumab



Included Products: Crysvida (burosumab)

Nonformulary for outpatient benefit. PA required on medical benefit.

Created: 09/13/2018

Revised: 09/21/2020

Reviewed: 09/21/2020

Updated: 09/07/2021

All Diagnoses

Initial Criteria		If yes	If no
1.	Is Crysvida prescribed by an endocrinologist?	Continue to #2.	Do not approve.
2.	Does the member have X-linked hypophosphatemia (XLH)?	Continue to #4.	Continue to #3.
3.	Does the member have fibroblast growth factor 23 (FGF23) related hypophosphatemia in tumor-induced osteomalacia (TIO) associated with phosphaturic mesenchymal tumors that cannot be curatively resected or localized?	Continue to #6.	Do not approve.
4.	Is the request for a child <12 OR an adolescent 13 or older that is still growing (not achieved adult height and epiphyses have not fused)?	Continue to #6.	Continue to #5.
5.	Adolescents/Adults: Has the member had pronounced functional impairment from skeletal pain or recurrent pseudofractures/stress fractures despite conventional therapy with oral phosphate supplementation and active vitamin D analogs?	Consult with medical director for assessment of medical necessity to treat.	Do not approve.
6.	Does the member have any of the following contraindications? a. Plan to concomitantly use oral phosphate and/or active vitamin D analogs b. A serum phosphorus level WNL OR above normal c. Severe renal impairment (GFR<30) or ESRD	Do not approve.	Continue to #7.
7.	Approve for 12 months.		

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Renewal Criteria		If yes	If no
1.	Has the member shown improvement while on treatment by any of the following: a. Increased serum phosphorus, b. Increased standing-height z score c. Improvement in objective scales RSS or RGI-C, d. Improvement in 6MWT.	Continue to #2.	Do not approve.
2.	Is the member age less than 12 OR an adolescent 13 or older that is still growing (not achieved adult height and epiphyses have not fused).	Continue to #4.	Continue to #3.
3.	For adults, is there clear documentation that the original treatment goals have been met?	Continue to #4.	Do not approve.
4.	Approve for 12 months.		