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Clinical Policy Document: Crysvita® (Burosumab-twza)	**Date Approved:** 06/26/25
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PLANS IN SCOPE

Aspirus Health Plan

BACKGROUND & PURPOSE

Background

X-linked hypophosphatemia (XLH) is a lifelong, progressive disease that impacts 1 in 20,000 people. XLH is the most common form of inherited phosphorus wasting disease resulting in osteomalacia and rickets. The mutated PHEX gene leads to an overproduction of bone cells by fibroblast growth factor 23 (FGF23). High FGF23 causes increased phosphate excretion by the kidneys and decreased absorption from the GI tract. Defective mineralization and delayed ossification of bone causes lower extremity deformity, impaired growth, and gait dysfunction in impacted children, and pain, stiffness, and an increased risk of fracture in impacted adults. XLH patients can experience reduced mobility, decreased physical capacity, diminished quality of life, and disability.

Tumor-induced osteomalacia (TIO) is an extremely rare neoplastic-like syndrome where patients present with fractures, bone pain, and muscle weakness. TIO is caused by high blood levels of fibroblast growth factor 23 (FGF23), a phosphate and vitamin D-regulating hormone. There are an estimated 500-1000 people in the U.S. with TIO and half are believed to be inoperable.

Crysvita© is approved for the treatment of XLH in adult and pediatric patients aged 6 months and older. Crysvita© was also approved in June 2020 for the treatment of TIO associated with phosphaturic mesenchymal tumors that cannot be resected in adult and pediatric patients aged 2 years and older.

Purpose

The intent of this policy is to provide coverage guidelines for Crysvita (burosumab)

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

COVERAGE INDICATIONS:

Crysvita is prescribed by or in consultation with a physician who specializes in XLH or TIO.

Crysvita (Burosumab-twza) is considered medically necessary when the following criteria are met:

- **Tumor-Induced Osteomalacia**. Must meet **ALL** the following criteria:
  a) 2 years of age or older
  b) Mesenchymal tumor that can't be resected or identified/localized
  c) Patient currently displaying one or more signs or symptoms of tumor-induced osteomalacia
  d) Patient has a history of a baseline serum phosphorus level below the normal range for age
  e) Pretreatment tubular reabsorption of phosphate corrected for glomerular filtration rate (TmP/GFR) was below the normal range for age and gender
  f) Documented inadequate response, contraindication or intolerance to oral phosphate therapy, calcitriol therapy, or both
- **X-Linked Hypophosphatemia.** Must meet ALL of the following criteria:
  a. Has had a baseline serum phosphorus level that was below the normal range for age
  b. Diagnosis confirmed by one of the following:
    - Genetic test confirming pathogenic or likely pathogenic variant in PHEX gene
    - Elevated FGF23 levels consistent with X-linked hypophosphatemia
    - Pretreatment tubular reabsorption of phosphate corrected for glomerular filtration rate (TmP/GFR) below the normal range for age and gender
  c. If patient is =/>18 years of age meets BOTH of the following additional criteria:
    - Patient currently displaying one or more signs or symptoms of X-linked hypophosphatemia

- Inadequate response, contraindication or intolerance to oral phosphate therapy, calcitriol therapy, or both

Dosing

Crysvita is recommended to be administered by a healthcare professional subcutaneously.

The dose for Crysvita in TIO:

- Pediatric patients: 0.4 mg/kg of body weight rounded to the nearest 10 mg every 2 weeks and can be increased up to 2 mg/kg (not to exceed 180 mg) every 2 weeks.
- Adults: 0.5mg/kg of body weight every 4 weeks rounded to the nearest 10 mg up to a maximum does of 2mg/kg (not to exceed 180 mg) every 2 weeks.

The dose for Crysvita in XLH:

- Pediatric patients weighing less than 10 kg: 1mg/kg rounded to the nearest 1 mg administered every 2 weeks. Can be increased to 2mg/kg rounded to the nearest 1 mg to achieve a normal serum phosphorus
- Pediatric patients weighing more than 10 kg: 0.8 mg/kg rounded to the nearest 10mg administered every two weeks. Can be increased to 2 mg/kg (not to exceed 90 mg) every 2 weeks to achieve a normal serum phosphorus
- Adult Patients: 1mg/kg rounded to the nearest 10 mg up every 4 weeks with a maximum dose of 90mg every 4 weeks.

Exclusions

- Pregnancy: Effects in pregnancy are unknown at this time
- Lactation: Effects on presence of burosumab-twza in human breastmilk is unknown at this time
- For XLH: Safety and effectiveness in patients under 6 months is unknown
- For TIO: Safety and effectiveness in patients under 2 years is unknown
- Geriatric: Safety and efficacy in patients over age 65 is unknown and it is recommended dose selection be “cautious”
- Use in patients with severe renal impairment is contraindicated. Severe renal impairment is defined ast:
    - Pediatric patients: Estimated glomerular filtration rate (eGFR) 15mL/min/1.73m² to 29mL/min/1.73m² or ESRD
    - Adult patients: Creatinine clearance (CLcr) 15mL/min to 29 mL/min or ESRD (CLcr <15 mL/min.

Medical Records Documentation

Benefit coverage is determined by review of member specific benefit plan information and all applicable laws. Medical records documentation may be required to assess if the member meets criteria; however, provision of records does not guarantee coverage.

APPLICABLE CODES

Note: The code list below is provided for guidance. Not all clinical trials will contain these codes. Code coverage will depend on coverage guidelines above. All clinical trial coverage requests will require medical review.

Code Type	Code	Description
ICD 10	E83.31	Familial hypophosphatemia
ICD 10	M83.8	Other adult osteomalacia
HCPCS	J0584	Burosumab-twza, 1 mg
NDC	42747-102	Burosumab 1 ml in 1 vial, single-use
NDC	42747-203	Burosumab 1 ml in 1 vial, single-use
NDC	42747-304	Burosumab 1 ml in 1 vial, single-use
NDC-PENDING APPROVAL	45793-0101	Burosumab 220 vial, glass in 1 box / 1 ml in 1 vial, glass
NDC-PENDING APPROVAL	45793-0102	Burosumab 220 vial, glass in 1 box / 1 ml in 1 vial, glass
NDC-PENDING APPROVAL	45793-0103	Burosumab 220 vial, glass in 1 box / 1 ml in 1 vial, glass

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POLICY/REVISION HISTORY

Date	Summary of Changes	Approval By
06/26/2025	Initial Policy Development	Optum Coverage Policy Committee

REFERENCES:

Carpenter TO, Imel EA, Holm IA, et al. A clinician's guide to xlinked hypophosphatemia. J Bone Mine r Res. 2011 Jul; 26(7): 1381 - 1388. Accessed at A clinician's guide to X-linked hypophosphatemia - PubMed on 06/02/25

Clinical Pharmacology [database online]. Philadelphia, PA: Elsevier, Inc.; Updated periodically Accessed at Burosumab Monograph - Clinical Pharmacology on 06/02/25.

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Endocrine Society. (January 24, 2022). X-Linked Hypophosphatemia (XLH). www.endocrine.org. Accessed 06/19/2025

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Optum RX. (2020) Crysvita© (burosumab-twza)- New Indication. www.professionals.optumrx.com
National Drug Codes List (n.d.) NDC Lookup-Burosumab. www.ndclist.com. Accessed 06/19/2025.

Nondiscrimination & Language Access Policy

Discrimination is Against the Law. Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation, gender identity and sex stereotypes), consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2). Aspirus Health Plan, Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aspirus Health Plan, Inc.:
Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

Provides free language assistance services to people whose primary language is not English, which may include:

- Qualified interpreters.
- Information written in other languages.

If *you* need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Nondiscrimination Grievance Coordinator at the address, phone number, fax number, or email address below.

If *you* believe that Aspirus Health Plan, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, *you* can file a *grievance* with:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1890
Southampton, PA 18966-9998
Phone: 1-866-631-5404 (TTY: 711)
Fax: 763-847-4010
Email: customerservice@aspirushealthplan.com

You can file a *grievance* in person or by mail, fax, or email. If *you* need help filing a *grievance*, the Nondiscrimination Grievance Coordinator is available to help *you*.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. This notice is available at Aspirus Health Plan, Inc.'s website: https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim_Lang-Assist-Notice.pdf.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë.Telefononi në 1-800-332-6501 (TTY: 711).

Arabic تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف1-800-332-6501(رقم هاتف الصم والبك : 711)

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-332-6501 (ATS: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zurVerfügung. Rufnummer: 1-800-332-6501 (TTY: 711).

Hindi: _यान द_: य_द आप ि हंदी बोलते ह_ तो आपके ि लए मु_त म_ भाषा सहायता सेवाएं उपल_ध ह_।1-800-332-6501 (TTY: 711) पर कॉल कर_।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-332-6501 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.1-800-332-6501 (TTY: 711)번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer1-800-332-6501 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.Звоните 1-800-332-6501 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al1-800-332-6501 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1-800-332-6501 (TTY: 711).

Traditional Chinese: 注意：如果您使用繁體中文， 您可以免費獲得語言援助服務。請 致電 1-800-332-6501 (TTY: 711)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-332-6501 (TTY: 711).

Pennsylvania Dutch: Wann du Deitsch (Pennsylvania German / Dutch) schwetzscht, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-332-6501 (TTY: 711).

Lao: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ,ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-800-332-6501 (TTY: 711).

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