

# Crysvita (burosumab-twza)

Provider Order Form rev. 5/20/2022



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ph: 888-209-8874 fax: 833-329-4738

## PATIENT INFORMATION

Patient Name:		DOB:		
Patient Phone:		Patient Email:		
NKDA	Allergies:	Weight lbs/kg:	Height:	
<b>Patient Status:</b>	New to Therapy	Continuing Therapy	Therapy Change	Next Due Date (if applicable):

## PROVIDER INFORMATION

Referral Coordinator Name:		Referral Coordinator Email:	
Ordering Provider:		Provider NPI:	
Referring Practice Name:		Phone:	Fax:
Practice Address:		City:	State: Zip Code:

## DOCUMENTATION (REQUIRED)

Labs	Insurance Card (front and back)	Current Medications	History/Progress Notes
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### ICD-10 CODE

M90.80 X-linked hypophosphatemia (XLH)  
M83.8 Adult osteomalacia  
Other: \_\_\_\_\_

### PRE-MEDICATION ORDERS

acetaminophen (Tylenol) 500mg 650mg 1000mg PO  
cetirizine (Zyrtec) 10mg PO  
loratadine (Claritin) 10mg PO  
diphenhydramine (Benadryl) 25mg 50mg / PO IV IV  
methylprednisolone (Solu-Medrol) 40mg IV 125mg IV  
hydrocortisone (Solu-Cortef) 100mg IV  
Other: \_\_\_\_\_

Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency: \_\_\_\_\_

### SPECIAL INSTRUCTIONS

### MEDICATION ORDER

**Crysvita** (burosumab-twza)

**Dose** (select one dose below **AND** select one of the two maximum doses):

- 1mg/kg SC (round to nearest 1mg; Note this is for patients weighing <10kg)
- 0.4mg/kg SC (round to nearest 10 mg)
- 0.5mg/kg SC (round to nearest 10 mg)
- 0.8mg/ kg SC (round to nearest 10 mg)
- 1mg/kg SC (round to nearest 10 mg)
- 1.5 mg/kg SC (round to nearest 10 mg)
- 2mg/kg SC (round to nearest 10 mg)
- Other: \_\_\_\_\_

#### Maximum Dose:

- Do not exceed 90mg
- Do not exceed 180mg

#### Frequency:

- every 2 weeks
- every 4 weeks
- Other: \_\_\_\_\_

Order Expiration Date (mm/dd/yy): \_\_\_\_\_  
(If not indicated order will expire one year from date signature)

Provider Name (Print)	Provider Signature	Date
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Check here if this is a stat order