

<u>Prior Authorization Group Description</u>	<u>Anti-FGF23 Monoclonal Antibodies</u>
<u>Drugs</u>	<u>Crysvita (burosumab) SQ solution, or any other newly marketed agent</u>
<u>Covered Uses</u>	<u>Medically accepted indications are defined using the following sources: The Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Drug Package Insert (PPI), or disease state specific standard of care guidelines.</u>
<u>Exclusion Criteria</u>	<u>See Other Criteria</u>
<u>Required Medical Information</u>	<u>See Other Criteria</u>
<u>Age Restrictions</u>	<u>X-linked hypophosphatemia (XLH): 6 months of age or older</u> <u>Tumor-induced osteomalacia (TIO): 2 years of age and older</u>
<u>Prescriber Restrictions</u>	<u>Prescribed by, or in consultation with, an endocrinologist, nephrologist, molecular geneticist, or other specialist experienced in the treatment of metabolic bone disorders</u>
<u>Coverage Duration</u>	<u>If all of the criteria are met, the initial request will be approved for 6 months and reauthorization requests will be approved for 12 months. If the conditions are not met, the request will be sent to a Medical Director/clinical reviewer for medical necessity review</u>
<u>Other Criteria</u>	<u>Initial Authorization:</u> <u>For X-linked hypophosphatemia (XLH):</u> <ul style="list-style-type: none"> • <u>Diagnosis of XLH</u> • <u>Dosing is appropriate as per labeling or is supported by compendia or standard of care guidelines</u> • <u>Labs, as follows:</u> <ul style="list-style-type: none"> ○ <u>Serum phosphorus below normal for patient age</u> ○ <u>eGFR > 30 mL/min/1.73 m² or CrCl ≥ 30 mL/min</u> • <u>Patient will not use concurrent oral phosphate and/or active vitamin D analogs (e.g. calcitriol, paricalcitol, doxercalciferol, calcifediol)</u> • <u>Additionally, for adults:</u> <ul style="list-style-type: none"> ○ <u>Clinical signs and symptoms of XLH (e.g. bone/joint pain, fractures, osteomalacia, osteoarthritis, ensethopathies, spinal stenosis impaired mobility, presence or history of lower limb deformities, etc.)</u> ○ <u>Trial and failure of, or contraindication to, combination therapy with oral phosphate and active vitamin D (calcitriol) for a minimum of 8 weeks</u> <u>For tumor-induced osteomalacia (TIO):</u>

<p><u>Revision/Review</u> <u>Date: 7/2022</u></p>	<ul style="list-style-type: none"> • <u>Diagnosis of FGF23-related hypophosphatemia in TIO</u> • <u>Dosing is appropriate as per labeling or is supported by compendia or standard of care guidelines</u> • <u>The tumor(s) is/are not amenable to surgical excision or cannot be located</u> • <u>Labs, as follows:</u> <ul style="list-style-type: none"> ○ <u>Serum phosphorus below normal for patient age</u> ○ <u>eGFR > 30 mL/min/1.73 m² or CrCl ≥ 30 mL/min</u> • <u>Patient will not use concurrent oral phosphate and/or active vitamin D analogs (e.g. calcitriol, paricalcitol, doxercalciferol, calcifediol)</u> <p><u>Re-authorization:</u></p> <p><u>For XLH or TIO:</u></p> <ul style="list-style-type: none"> • <u>Documented effectiveness as evidenced by at least one of the following:</u> <ul style="list-style-type: none"> ○ <u>Serum phosphorus within normal limits for patient age</u> ○ <u>Clinical improvement (e.g. improved rickets, improved bone histomorphometry, increased growth velocity, increased mobility, decrease in bone fractures, improved fracture healing, reduction in bone-related pain)</u> • <u>25-hydroxyvitamin D level and, if abnormally low, documented supplementation with cholecalciferol or ergocalciferol</u> • <u>Patient is not concurrently using oral phosphate and/or active vitamin D analogs (e.g. calcitriol, paricalcitol, doxercalciferol, calcifediol)</u> • <u>Dosing continues to be appropriate as per labeling or is supported by compendia or standard of care guidelines</u> <p><u>Medical Director/clinical reviewer must override criteria when, in his/her professional judgement, the requested item is medically necessary.</u></p>
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