

- Borough Park**  
1428 36th Street  
Suite 107  
Brooklyn, NY 11218
- Manhasset**  
333 East Shore Road  
Suite 201  
Manhasset, NY 11030
- NYC Central Park West**  
115 Central Park West  
Suite 15  
New York, NY 10023
- Crown Heights**  
555 Lefferts Avenue  
Brooklyn, NY 11225
- Rockville Centre**  
165 North Village Avenue  
Suite 133  
Rockville Center, NY 11570
- Woodbury**  
75 Froehlich Farm  
Woodbury, NY 11797
- Manhattan**  
57W 57Street  
Suite 601  
New York, NY 10019
- Elmsford/ Terrytown**  
555 Taxter Road  
3rd Floor  
Elmsford, NY 10523
- Staten Island**  
27 New Dorp Lane  
Staten Island, NY 10306



- Manhattan**  
225 E 70th Street  
Suite 1E  
New York, NY 10021
- Holbrook/ Ronkonkoma**  
233 Union Ave  
Suite 207  
Holbrook, NY 11741
- Long Beach**  
917 Beech Street  
Long Beach, NY 11561
- Queens**  
64-05 Yellowstone Blvd  
CF104  
Forest Hills, NY 11375
- Scarsdale**  
495 Central Park Avenue  
Suite 205  
Scarsdale, NY 10583
- Riverhead**  
1228 E Main Street  
Suite A  
Riverhead, NY 11901
- Manhattan**  
225 East 70th Street  
New York, NY 10021
- 5 Towns**  
141 Washington Avenue  
Cedarhurst, NY 11559
- Bronx**  
226 West 238th Street  
Bronx, NY 10463

# Burosumab-twza (Crysvita)

## Infusion orders

Date: \_\_\_\_\_

PATIENT INFORMATION		
Name:	DOB:	SEX: M <input type="checkbox"/> F <input type="checkbox"/>
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight lbs/kg:	

REFERRAL STATUS
<input type="checkbox"/> New Referral <input type="checkbox"/> Referral Renewal <input type="checkbox"/> Medication/Order Change <input type="checkbox"/> Benefits Verification Only <input type="checkbox"/> Discontinuation Order

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

**DIAGNOSIS** (and ICD 10 code)

XLH: (familial hypophosphatemia)      ICD-10 Code: E83.31

TIO: other adult osteomalacia      ICD-10 Code: M83.8

Other disorders of phosphorus metabolism      ICD-10 Code: E83.39

  

**NOTE**

**List Tried & Failed Therapies, including duration of treatment:**

1)

2)

\*\*Referring physician is responsible for monitoring and reviewing the following labs prior to treatment:

- Fasting phosphorus level prior to each dose for first 3 doses and administer only if below ULN
- Fasting phosphorus level 2-4 weeks after dose modifications  
If dose adjustments are needed, new order must be sent by provider based on PI dose calculations

**Burosumab-twza ORDERS**

**Indication**

Pediatric XLH (6 months and older)

Adult XLH

Pediatric TIO 2 years and older

Adult TIO

\*Adult TIO

**Medication (check one)**

Crysvita less than 10 kg

Crysvita greater than 10 kg

Crysvita

**Dosing**

1 mg/kg SQ rounded to the nearest 1 mg max 90 mg

0.8 mg/kg SQ rounded to the nearest 10 mg max 90 mg

1 mg/kg SQ rounded to the nearest 10 mg max 90 mg

0.4 mg/kg SQ rounded to the nearest 10 mg

2 mg/kg not to exceed 180 mg

0.5 mg/kg not to exceed 180mg

\_\_\_\_\_mg/kg (dose may be increased up to 2mg/kg not to exceed 180mg administered every 2weeks)

**Frequency**

Every 2 weeks

Every 4 weeks

Every \_\_\_\_\_ weeks

Refills\*: None  X6 months  X1 year  Other: \_\_\_\_\_

\*(if not indicated order will expire one year from date signed)

**REQUIRED DOCUMENTATION:**

This signed order form by the provider

Patient demographics AND insurance information

Clinical/Progress notes supporting primary diagnosis

Documentation that pt has stopped phos meds and Vit D

Fasting serum phosphorus concentration should be below the reference range for age prior to initiation of treatment

## ORDERING PROVIDER

Signature   X   \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_