

# SmartPA Criteria Proposal

<b>Drug/Drug Class:</b>	Crysvita Clinical Edit
<b>First Implementation Date:</b>	April 11, 2019
<b>Proposed Date:</b>	June 16, 2022
<b>Prepared for:</b>	MO HealthNet
<b>Prepared by:</b>	MO HealthNet/Conduent
<b>Criteria Status:</b>	<input checked="" type="checkbox"/> Existing Criteria <input type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> New Criteria

## Executive Summary

**Purpose:** Ensure appropriate utilization and control of Crysvita® (burosumab-twza)

**Why Issue Selected:** Crysvita®, FDA approved in April 2018, is a fibroblast growth factor 23 (FGF23) blocking antibody indicated for the treatment of X-linked hypophosphatemia (XLH) in patients 6 months of age and older. XLH is an inherited disorder characterized by low levels of phosphate in the blood, due to abnormal phosphate processing in the kidneys, leading to loss of phosphate in the urine and soft, weak bones (rickets). XLH is present in about 3,000 children and 12,000 adults in the US. In children, XLH treatment is usually started at the time of diagnosis and continues until bones stop growing. The main treatment goal for adults with XLH is to help improve pain. XLH is caused by excess fibroblast growth factor 23 (FGF23) which suppresses renal tubular phosphate reabsorption and the renal production of 1,25 dihydroxy vitamin D; Crysvita binds to and inhibits the biological activity of FGF23 restoring renal phosphate reabsorption and increasing the serum concentration of 1,25 dihydroxy vitamin D. Crysvita is a major advance for patients with XLH; prior to Crysvita, therapy for XLH involved supplementation with phosphate and calcitriol. The drug leads to sustained improvement in phosphate metabolism with concurrent repair of the skeleton, even following prior treatment with conventional therapies.

In June 2020, the FDA approved Crysvita for the treatment of FGF23-related hypophosphatemia in tumor induced osteomalacia associated with phosphaturic mesenchymal tumors that cannot be curatively resected or localized in adult and pediatric patients 2 years of age and older.

Due to the possible adverse events and specific approved indications, MO HealthNet will impose clinical criteria to ensure appropriate utilization of Crysvita.

**Program-Specific Information:**

Date Range FFS 4-1-2021 to 3-31-2022			
Drug	Claims	Spend	Avg Spend per Claim
CRYSVITA 10 MG/ML VIAL	65	\$432,636.80	\$6,655.95
CRYSVITA 20 MG/ML VIAL	87	\$1,555,498.90	\$17,879.30
CRYSVITA 30 MG/ML VIAL	70	\$1,771,672.40	\$25,309.61

**Type of Criteria:**  Increased risk of ADE  Preferred Drug List  
 Appropriate Indications  Clinical Edit

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Data Sources:  Only Administrative Databases

Databases + Prescriber-Supplied

## Setting & Population

- Drug class for review: Crysvida® (burosumab-twza)
- Age range: All appropriate MO HealthNet participants aged 6 months or older

## Approval Criteria

### Initial Therapy:

- Prescribed by or in consultation with a nephrologist, endocrinologist, or other specialist in the treated disease state **AND**
- Documentation of baseline fasting serum phosphorus levels below the normal range for age **AND**
- Documented diagnosis of X-linked hypophosphatemia in the past year **OR**
- Documented diagnosis of FGF23-related hypophosphatemia in tumor induced osteomalacia:
  - Participant aged  $\geq 2$  years **AND**
  - Documentation that participant has a phosphaturic mesenchymal tumor that cannot be resected or localized
- Initial approval of prior authorization is 4 months

### Continuation of Therapy:

- Renewal of prior authorization may be given following documentation of:
  - recent serum phosphorus level remains below the normal range for age **AND**
  - recent 25-hydroxy vitamin D levels **AND**
  - lack of oral phosphate or calcitriol therapy in the past 3 months
  - for participants aged  $\geq 18$  years: documentation of benefit of therapy (i.e. decreased pain, enhanced mobility)

## Denial Criteria

- Therapy will be denied if all approval criteria are not met.
- Documented diagnosis of severe renal impairment or end stage renal disease

## Required Documentation

Laboratory Results:   
MedWatch Form:

Progress Notes:   
Other:

## Disposition of Edit

Denial: Exception code "0682" (Clinical Edit)  
Rule Type: CE

## Default Approval Period

4 months

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## References

- CRYSVITA® (burosumab-twza) injection, [package insert]. Bedminster, NJ: Kyowa Kirin, Inc.; June 2020.
- IPD Analytics. New Drug Approval: Crysivita (burosumab). May 2018.
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- Genetic and Rare Diseases (GARD) Information Center. X-linked hypophosphatemia. <https://rarediseases.info.nih.gov/diseases/12943/x-linked-hypophosphatemia>. Accessed May 11, 2022.
- Haffner D, Emma F, Eastwood DM, et al. Clinical practice recommendations for the diagnosis and management of X-linked hypophosphataemia. *Nat Rev Nephrol.* 2019;15(7):435-455. doi:10.1038/s41581-019-0152-5

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