Crysvita (burosumab-twza)

NOTICE

This policy contains information which is clinical in nature. The policy is not medical advice. The information in this policy is used by Wellmark to make determinations whether medical treatment is covered under the terms of a Wellmark member's health benefit plan. Physicians and other health care providers are responsible for medical advice and treatment. If you have specific health care needs, you should consult an appropriate health care professional. If you would like to request an accessible version of this document, please contact customer service at 800-524-9242.

BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This medical policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

DESCRIPTION

The intent of the Crysvita policy is to encourage appropriate use according to clinical guidelines and/or clinical trials in the treatment of X-linked hypophosphatemia.

The indications below including FDA-approved indications and compendial uses are considered covered benefits provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

1. The treatment of X-linked hypophosphatemia in adult and pediatric patients 6 months or older.
2. The treatment of serum fibroblast growth factor 23 (FGF 23)-related hypophosphatemia in tumor-induced osteomalacia (TIO) associated with phosphaturic mesenchymal tumors that cannot be curatively resected or localized in adult and pediatric patients 2 years of age and older.

POLICY

Required Documentation

A. Genetic testing results confirming PHEX (phosphate regulating gene with homology to endopeptidases located on the X chromosome) mutation in the patient or a directly related family member with appropriate X-linked inheritance, when applicable [for XLH ONLY]
B. Lab test results confirming the patient's serum fibroblast growth factor 23 (FGF23) level, when applicable
C. Medical records documenting clinical findings and radiographic features supporting XLH **or** FGF 23-related hypophosphatemia in TIO diagnosis
D. Medical records documenting tumors cannot be curatively resected or localized , when applicable
E. Medical records documenting clinical benefit

F. Serum phosphate levels

Criteria for Initial Approval

A. Crysvita (burosumab-twza) may be considered **medically necessary** for the treatment of X-linked hypophosphatemia when ALL of the following criteria are met:
   1. Diagnosis of X-linked hypophosphatemia is confirmed by one of the following:
      a. Genetic testing was conducted to confirm a PHEX (phosphate regulating gene with homology to endopeptidases located on the X chromosome) mutation in the patient or a directly related family member with appropriate X-linked inheritance
      b. Serum fibroblast growth factor 23 (FGF23) level is greater than 30 pg/mL
   2. Diagnosis must be made by, or in consultation with, a specialist experienced in the treatment of metabolic bone disorders such as Endocrinologist, Nephrologist, Rheumatologist, or Orthopedics
   3. Serum phosphorus is below the normal range for age
   4. The patient has clinical signs and/or symptoms of the disease (e.g rickets, growth retardation, musculoskeletal pain, bone fractures)

Approval will be for **12 months**

B. Crysvita (burosumab-twza) may be considered **medically necessary** for the treatment of FGF 23-related hypophosphatemia in tumor-induced osteomalacia (TIO) associated with phosphaturic mesenchymal tumors that cannot be curatively resected or localized in adult and pediatric patients 2 years of age and older when ALL of the following criteria are met:
   1. Diagnosis of TIO associated with phosphaturic mesenchymal tumors is confirmed by one of the following:
      a. Functional imaging (fluorodeoxyglucose-positron emission tomography [FDG-PET]/computed tomography [CT] AND Octreoscan/CT)
      b. Anatomical imaging (magnetic resonance imaging [MRI] AND/OR CT
      c. Venous sampling
   2. Tumors cannot be curatively resected or localized
   3. Serum FGF 23 level is greater than 100 pg/mL
   4. Serum phosphorus is below the normal range for age
   5. Diagnosis must be made by, or in consultation with, an Oncologist or a specialist experienced in the treatment of metabolic bone disorders such as Endocrinologist, Nephrologist, Rheumatologist, or Orthopedics
   6. The patient has clinical signs and/or symptoms of the disease (e.g rickets, growth retardation, musculoskeletal pain, bone fractures)

Approval will be for **12 months**

Continuation of Therapy

A. Crysvita (burosumab-twza) may be considered **medically necessary** for the continuation of treatment of X-linked hypophosphatemia OR FGF 23-related hypophosphatemia in tumor-induced osteomalacia (TIO) associated with phosphaturic mesenchymal tumors that cannot be curatively resected or localized in adult and pediatric patients 2 years of age and older when ALL of the following criteria are met:
   1. Patient meets criteria for initial approval above for both diagnosis and prescriber specialty requirements
   2. Tumors cannot be curatively resected or localized [for FGF 23-related hypophosphatemia in TIO ONLY]
   3. Patient has experienced an improvement in serum phosphate levels while on therapy
   4. The patient has responded to therapy with Crysvita with documentation supporting improvement and/or stabilization (upon subsequent renewals) in clinical signs and/or

symptoms of disease, as demonstrated by enhanced height velocity, improvement in skeletal deformities, reduction of fractures, reduction of generalized bone pain, or enhanced mobility

Approval will be for **12 months**

Dosing and Administration

Approvals may be subject to age and dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

PROCEDURES AND BILLING CODES

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.

J0584 - Injection, burosumab-twza 1 mg

REFERENCES

- Crysvita [package insert]. Novato, CA: Ultragenyx Pharmaceutical; September 2019.
- Whyte M, Portale A, Imel E et al. Burosumab (KRN23), a fully human anti-FGF23 monoclonal antibody for X-linked hypophosphatemia (XLH): final 64-week results of a randomized, open-label phase 2 study of 52 children. J Bone Miner Res 32 (Suppl 1); 2017. Abstract 1154. URL: http://www.asbmr.org/education/AbstractDetail?aid=e8810682-38f5-4b6a-83dd-c3f6c5490661. Available from Internet. Accessed 2018 May 4.
- "Ultragenyx and Kyowa Kirin Announce Topline Phase 3 Study Results Demonstrating Superiority of Crysvita (burosumab) Treatment to Oral Phosphate and Active Vitamin D in Children with X-Linked Hypophosphatemia (XLH)." Globe Newswire, 17 May. 2018, http://ir.ultragenyx.com/news-releases/news-release-details/ultragenyx-andkyowa-kirin-announce-topline-phase-3-study
- Chong WH, Molinolo AA, Chen CC et al. Tumor-induced osteomalacia. *Endocr Relat Cancer*. 2011;18(3):R53-R77.
- NCT 02304367. Study of KRN23 in Subjects With Tumor-Induced Osteomalacia (TIO) or Epidermal Nevus Syndrome (ENS). Available at: https://clinicaltrials.gov/ct2/show/record/NCT02304367?term=NCT+02304367&draw=2&rank=1. Accessed June 2020.
- NCT 02722798. A Study of KRN23 With Tumor-Induced Osteomalacia or Epidermal Nevus Syndrome. Available at: https://clinicaltrials.gov/ct2/show/record/NCT02722798?term=NCT+02722798&draw=2&rank=1. Accessed June 2020.

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POLICY HISTORY

Policy #: 05.02.46
Reviewed: July 2020
Revised: July 2020
Current Effective Date: September 10, 2020