



# CRYSVITA (BUROSUMAB)

## Order Form

PHONE 515.225.2930 | FAX 515.559.2495

### Patient Information Demographics Attached

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

**INSURANCE INFORMATION:** Please attach a copy of prescription/medical card(s) (front and back).

### Medical Information

Diagnosis: X-linked hypophosphatemia (XLH) ICD-10 Code: \_\_\_\_\_

Patient Weight: \_\_\_\_\_ lbs. Allergies: \_\_\_\_\_

Baseline fasting serum phosphorus attached

Clinical/progress notes, labs and tests supporting primary diagnosis attached

**Labs:** Required labs to be drawn by: Infusion Clinic Referring Physician

**Lab Orders:** \_\_\_\_\_

### Crysvita Orders

**Adult XLH** 1 mg/kg subcutaneously rounded to nearest 10 mg, every 4 weeks (MAX dose 90 mg)

**Pediatric XLH** 0.8 mg /kg subcutaneously rounded to nearest 10 mg, every 2 weeks (MAX dose 90 mg)

**Additional Orders/Comments:**

### Physician Information

By signing this form and utilizing our services, you are authorizing *Hy-Vee Health* and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies.

**Physician Signature:** \_\_\_\_\_ **Physician Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

### Service Areas

Des Moines, IA      West Des Moines, IA      Chicago, IL      Omaha, NE      Buffalo, NY      Dallas, TX

Phoenix, AZ      Other: \_\_\_\_\_

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