



Burosumab-twza (Crysvita) Order Set:

Patient Name: _____ DOB: _____
Height: _____ Weight: _____ (kg) Allergies: _____

Assign as Outpatient

Diagnosis:

_____ E83.31 Familial hypophosphatemia _____ Other ICD 10 code _____
_____ M83.8 Tumor-induced osteomalacia

Labs: to be completed prior to arrival at infusion center

1. Serum fasting Phosphorus –lab schedule differs based upon indication:
Familial hypophosphatemia: Baseline phosphorus, 2 weeks after first dose and every 4 weeks for the first 12 weeks of therapy
Osteomalacia: Baseline phosphorus and then every 2 weeks post each dose for first 3 months. Assess phosphorus levels as clinically necessary thereafter.
2. Serum 25-hydroxy vitamin D

Nursing:

1. Check ordered labs and report abnormalities to physician.
2. Assess patient for active infection prior to initiation of therapy. If signs or symptoms present, hold treatment and contact physician
3. Review patient medication list: should NOT be on oral phosphate or vitamin D supplements for at least 1 week.
4. If emergency medications are needed once therapy initiated, STOP therapy, initiate emergency PRN medications and contact physician. May initiate oxygen therapy for emergency management via nasal cannula at 2 liters per minute. Keep O2 Sat above 95%

Medications:

1. Burosumab (Crysvita) – Choose indication:
 _____ Hypophosphatemia, X linked: Max dose **not to exceed 90mg**
 _____ burosumab 20mg SQ every 4 weeks (if previous dose = 40-50mg/dose)
 _____ burosumab 30mg SQ every 4 weeks (if previous dose = 60-70mg/dose)
 _____ burosumab 40mg SQ every 4 weeks (if previous dose ≥ 80mg/dose)
 _____ burosumab _____ mg SQ every 4 weeks

Hypophosphatemia, X linked Dosing:

Initial Dosing: Burosumab 1mg/kg SQ every 4 weeks. Calculated dose should be rounded to the nearest 10mg.

Subsequent Dosing based upon phosphorus level (2 weeks after initial dose):

- **Low or normal** serum phosphorus: Continue same dose as initial dose
- **HIGH** serum phosphorus: withhold next dose and reassess in 4 weeks. Once phosphorus level falls below normal range, reinitiate dosing at approximately one-half the initial starting dose per the following manufacturer recommendations:
 20mg SQ every 4 weeks (if previous dose = 40-50mg/dose)
 30mg SQ every 4 weeks (if previous dose = 60-70mg/dose)
 40mg SQ every 4 weeks (if previous dose ≥ 80mg/dose)



Patient: «Full_Name»; DOB: «Birth_Date»

Physician: «Attending_Physician_Last_Name», «Attending_Physician_First_Name» «Attending_Physician_Middle_Init»

Visit ID: «Visit_ID»



____ Osteomalacia, tumor induced: Max dose **not to exceed 180mg** every 2 weeks

- ____ burosemab 20mg SQ every 4 weeks
- ____ burosemab 30mg SQ every 4 weeks
- ____ burosemab 40mg SQ every 4 weeks
- ____ burosemab ____ mg SQ every 4 weeks
- ____ burosemab ____ mg SQ every 2 weeks

Osteomalacia, tumor induced dosing:

Initial Dosing: Burosemab 0.5mg/kg SQ every 4 weeks. Calculated dose should be rounded to the nearest 10mg

Subsequent doses based upon phosphorus level (2 weeks after initial dose):

- **Normal** serum phosphorus: Continue same dose as initial
- **HIGH** serum phosphorus:
Withhold next dose and reassess in 4 weeks
Once phosphorus level falls below normal range, reinstitute dosing at approximately **one-half** the initial starting dose (up to a maximum of 180mg every 2 weeks).
Assess phosphorus level 2 weeks after dose adjustment. If phosphorus level remains below the reference range, adjust dose upward using the instructions below for LOW phosphorus.
- **Low** serum phosphorus: per manufacturer recommendations
 - 1st dose increase:** 1 mg/kg SQ every 4 weeks
 - 2nd dose increase:** 1.5 mg/kg SQ every 4 weeks
 - 3rd dose increase:** 2 mg/kg SQ every 4 weeks
 - 4th dose increase:** 1.5 mg/kg SQ every 2 weeks
 - 5th dose increase:** 2 mg/kg SQ every 2 weeks

2. ____ Emergency medications:

- a) acetaminophen 650mg PO once as needed for temperature > 101
- b) diphenhydramine injection 25mg IVP once as needed for itching, facial flushing, hives, rash, SBP less than 90 mm Hg, wheezing, shortness of breath, or facial/lip tongue swelling. May repeat x 1 for a total of 50mg. Max dose for undiluted IV administration = 50mg given over 1 minute.
- c) Methylprednisolone sodium succinate 125mg injection IVP once as needed for SBP less than 90 mm Hg, wheezing, shortness of breath, facial/lip/tongue swelling, itching, facial flushing, hives or rash unrelieved with diphenhydramine. May repeat x 1 for a total of 250mg.
- d) Ondansetron 8mg IV once as needed for nausea or vomiting or infusion reaction
- e) ____ Promethazine 25mg tablet PO once as needed for nausea, vomiting or infusion reactions if ondansetron not ordered or ondansetron ineffective
- f) Famotidine 20mg injection IVP once as needed for anaphylaxis reaction in addition to diphenhydramine and methylprednisolone
- g) Sodium chloride 0.9% 500ml once as needed for SBP less than 90 mm Hg or suspected anaphylaxis in conjunction with all other medications used for hypotension or anaphylaxis

Discharge when treatment complete

New MD order required every 12 months

Physician Signature: _____ Date/Time: _____



Patient: «Full_Name»; DOB: «Birth_Date»

Physician: «Attending_Physician_Last_Name», «Attending_Physician_First_Name» «Attending_Physician_Middle_Init»

Visit ID: «Visit_ID»