



**BlueCross
BlueShield**

Federal Employee Program. **CRYSVITA**
PRIOR APPROVAL REQUEST

Additional information is required to process your claim for prescription drugs. Please complete the patient portion, and have the prescribing physician complete the physician portion and submit this completed form.

Send completed form to:
**Service Benefit Plan
Prior Approval
P.O. Box 52080 MC 139
Phoenix, AZ 85072-2080
Attn: Clinical Services
Fax: 1-877-378-4727**

Patient Information (required)				Provider Information (required)		
Date:				Provider Name:		
Patient Name:				Specialty:		NPI:
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			Office Phone:		Office Fax:
Street Address:				Office Street Address:		
City:		State:	Zip:	City:		State: Zip:
Patient ID:	R			Physician Signature:		
PHYSICIAN COMPLETES						

Crysvita (burosumab-twza)

****Check www.fepblue.org/formulary to confirm which medication is part of the patient's benefit**

NOTE: Form must be completed in its entirety for processing

Is this request for brand or generic? ☐ Brand ☐ Generic

1. What is the patient's diagnosis?

- ☐ FGF23-related hypophosphatemia in tumor-induced osteomalacia (TIO)
☐ X-linked dominant hypophosphatemic rickets
☐ X-linked hypophosphatemia (XLH)
☐ X-linked vitamin D-resistant rickets
☐ Other (*please specify*): _____

2. Has the patient been on this medication continuously for the last **6 months** excluding samples? ☐ Yes ☐ No*

***If NO**, please answer the following questions:

- a. **FGF23-related hypophosphatemia in Tumor-Induced Osteomalacia (TIO) Diagnosis:** Is the diagnosis associated with phosphaturic mesenchymal tumors that cannot be curatively resected or localized? ☐ Yes ☐ No
- b. **X-linked hypophosphatemia, X-linked dominant hypophosphatemic rickets, X-linked vitamin D-resistant rickets Diagnoses:** Has the diagnosis been confirmed by genetic testing of PHEX (phosphate regulating gene with homology to endopeptidases located on the X chromosome) mutation in the patient? ☐ Yes ☐ No
- c. Is the patient currently taking any oral phosphate or active vitamin D analog supplementation? ☐ Yes* ☐ No
***If YES**, will the patient discontinue the oral phosphate or vitamin D analog supplementation at least one week prior to starting therapy with Crysvita? ☐ Yes ☐ No
- d. Is the fasting serum phosphorus within or above the normal range for the patient's age? ☐ Yes ☐ No

3. Does the prescriber agree to measure serum phosphorous throughout therapy and withhold the medication when the serum phosphorous is above the reference range for the patient's age? ☐ Yes ☐ No

4. Does the patient have an estimated glomerular filtration rate (eGFR) less than 30 milliliters per minute per 1.73 square meter (mL/min/1.73 m²)? ☐ Yes ☐ No

5. Will Crysvita be administered by a healthcare provider? ☐ Yes ☐ No



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Message:

Attached is a Prior Authorization request form.

For your convenience, there are 3 ways to complete a Prior Authorization request:

<p>Electronically Online (ePA) Results in 2-3 minutes FASTEST AND EASIEST</p>	<p>Now you can get responses to drug Prior Authorization requests securely online. Online submissions may receive instant responses and do not require faxing or phone calls. Requests can be made 24 hours a day, 7 days a week. For more information on electronic prior authorization (ePA) and to register, go to Caremark.com/ePA.</p>
<p>Phone (4-5 minutes for response)</p>	<p>The FEP Clinical Call Center can be reached at (877)-727-3784 between the hours of 7AM-9PM Eastern Time. A live representative will assist with the Prior Authorization, asking for the same information contained on the attached form. Please review the form and have your answers ready for faster service. The process over the phone takes on average between 4 and 5 minutes.</p>
<p>Fax (3-5 days for response)</p>	<p>Fax the attached form to (877)-378-4727. Requests sent via fax will be processed and responded to within 5 business days. The form must be filled out completely, if there is any missing information the Prior Authorization request cannot be processed. <u>Please only fax the completed form once as duplicate submissions may delay processing times.</u></p>

faster...

easier...

better...

Introducing ePA! Online Prior Authorizations in minutes through Caremark.com/ePA. Sign up today!

CVS/caremark

