Crysvita (burosumab-twza)

Provider Order Form rev. 5/20/2022

VASCO INFUSION
www.vascoinfusion.com
ph: 602-346-0204 fax: 877-637-6691

PATIENT INFORMATION

Patient Name: DOB:

Patient Phone: Patient Email:

☐ NKDA ☐ Allergies: Weight lbs/kg: Height:

Patient Status: ☐ New to Therapy ☐ Continuing Therapy ☐ Therapy Change Next Due Date (if applicable):

PROVIDER INFORMATION

Referral Coordinator Name: Referral Coordinator Email:

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip Code:

DOCUMENTATION (REQUIRED)

☐ Labs ☐ Insurance Card (front and back) ☐ Current Medications ☐ History/Progress Notes

ICD-10 CODE

☐ M90.80 X-linked hypophosphatemia (XLH)

☐ M83.8 Adult osteomalacia

☐ Other:_____

PRE-MEDICATION ORDERS

☐ acetaminophen (Tylenol) ☐ 500mg ☐ 650mg ☐ 1000mg PO

☐ cetirizine (Zyrtec) 10mg PO

☐ loratadine (Claritin) 10mg PO

☐ diphenhydramine (Benadryl) ☐ 25mg ☐ 50mg / ☐ **PO** ☐ **IV**

☐ methylprednisolone (Solu-Medrol) ☐ 40mgIV ☐ 125mg IV

☐ hydrocortisone (Solu-Cortef) 100mg IV

☐ Other: _____

Dose: _____ Route: _____ Frequency: _____

SPECIAL INSTRUCTIONS

MEDICATION ORDER

Crysvita (burosumab-twza)

Dose (select one dose below **AND** select one of the two maximum doses):

- ☐ 1mg/kg SC (round to nearest 1mg; Note this is for patients weighing <10kg)
- ☐ 0.4mg/kg SC (round to nearest 10 mg)
- ☐ 0.5mg/kg SC (round to nearest 10 mg)
- ☐ 0.8mg/ kg SC (round to nearest 10 mg)
- ☐ 1mg/kg SC (round to nearest 10 mg)
- ☐ 1.5 mg/kg SC (round to nearest 10 mg)
- ☐ 2mg/kg SC (round to nearest 10 mg)
- ☐ Other:_____

Maximum Dose:

- ☐ Do not exceed 90mg
- ☐ Do not exceed 180mg

Frequency:

- ☐ every 2 weeks
- ☐ every 4 weeks
- ☐ Other: _____

Order Expiration Date (mm/dd/yy): _____
(If not indicated order will expire one year from date signature)

Provider Name (Print) **Provider Signature** **Date**

☐ **Check here if this is a stat order**