

**ALL ORDERS MUST BE SIGNED, DATED AND TIMED BY PHYSICIAN**

**Allergies/Reactions:**

- |   |  |
|---|--|
| <input type="checkbox"/> Puyallup Infusion Center - Fax: 253-697-5066               | <input type="checkbox"/> Gig Harbor Infusion Center - Fax: 253-530-8069    |
| <input type="checkbox"/> Allenmore Ambulatory Infusion Services - Fax: 253-864-4052 | <input type="checkbox"/> DHEC Infusion Center - Fax: 509-755-5845          |
| <input type="checkbox"/> Auburn Infusion Center - Fax: 253-876-8282                 | <input type="checkbox"/> North Spokane Infusion Center - Fax: 509-232-2531 |

**ORDERS WITH CHECK BOXES**

When an order is optional (those with check boxes), physicians are responsible for indicating a check mark in the box next to the order. Orders left unchecked will not be initiated.

**Burosumab-twza (Crysvita):**

Patient Name: \_\_\_\_\_ Requested Date of Service: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Patient Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  May leave message

**ICD -10 Code:**

**Diagnosis:**  Hypophosphatemia, X-linked  \_\_\_\_\_

**Required:** H&P with documentation to support above diagnosis including ICD-10 code and supporting labs  
 \*\*If required documentation not received with order, scheduling of treatment will be delayed until complete information is available\*\*

**Baseline Labs Required:**

- Fasting serum phosphorus level prior to first dose: Date of test: \_\_\_\_\_ Phosphorus level \_\_\_\_\_  
 \*\* fasting serum phosphorus concentration should be below the reference range (2.5-4.5 mg/dL) prior to initiation of treatment

**Maintenance labs required:**

- Fasting serum phosphorus level 2 weeks post-dose then every month for the first 3 months of treatment.  
 Verify level prior to giving

**Treatment Regimens:**

- Burosumab-twza (Crysvita) given SUBQ  
 1 mg/kg = \_\_\_\_\_ mg every 4 weeks. Maximum dose is 90 mg. Round to the nearest 10 mg.

**Dose Adjustments:** Serum phosphorus above normal range, hold next dose; reassess fasting serum every 4 weeks; once serum phosphorus falls below the normal range, may reinstate burosumab-twza at a reduced dose (approx. half the initial starting dose). Recheck fasting serum phosphorus every 2 weeks after dose adjustment; based on results, determine if additional dosing adjustment is necessary.

- Vital signs:** Check vital signs prior to and at completion of dose.  
 Contact provider if systolic BP>180; diastolic BP>100; systolic BP<90; HR >110; temp >38C (100.4F)

**If Hypersensitivity reaction (fever, chills, hypotension, rigors, itching, rash, etc.)**

- Consult MultiCare hypersensitivity guideline for treatment management
- Notify provider of reaction, assessment and need for further orders

**Code Status:** Please note, patients will be considered FULL Code unless marked otherwise. If the patient has a POLST, advance directive or living will, please include a copy with the orders.

Was consent obtained:  Yes  No (if yes, please send DOCUMENTATION of consent with order)

Provider Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Another brand of drug, identical in form and content, may be dispensed unless checked  **Orders expires in 12 months\*\***

**Patient Identification - Always Attach Patient Label**

Name: \_\_\_\_\_  
 MRN #: \_\_\_\_\_  
 CSN #: \_\_\_\_\_  
 Age / Sex and Gender: \_\_\_\_\_

Pre-printed Order  
**HYPOPHOSPHATEMIA**

