

Conveniently Located in East Syracuse, Camillus & Auburn

Main Office Phone 315-472-7504 Nurse Navigator Phone 315-506-2469 Main Fax 315-634-5168

Crysvita (burosumab-twza) Non-Oncology Treatment Order Set

[] E83.31 Familial Hypophosphatemia [] Other ICD-10 Code:	1. Patient Name:		
[] E83.31 Familial Hypophosphatemia	2. DOB:	Height (inches):	Weight (lbs):
Diagnosis description:	3. Diagnosis:		
HOACNY will obtain authorization for drug administration prior to scheduled infusion. If HOACNY is unable to obtain insurance authorization to this medication not being in alignment with the insurance plan's medical policy, referring office will be notified and HOACNY will not be able administre the medications. 4. Pre-medications: [Acetaminophen:	[] E83.31 Familial Hypophosphatemia		
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4. Pre-medications: [] Acetaminophen: [] 1000mg PO [] 500mg PO [] Diphenhydramine: [] 25mg PO [] 50mg PO [] 25mg IV [] 50mg IV [] Hydrocortisone: 100mg IVP [] Other Pre-medication: [] No Pre-medications indicated 5. Drug Order: Crysvita (burosumab-twza) Ok to substitute with generic/biosimiliar [] 1mg/kg (rounded to the nearest 10mg) every 4 weeks (maximum dose is 90mg) [] Other: Special Instructions: [] New to Therapy [] Continuing therapy: Last Dose Received			
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[] 1000mg PO [] 500mg PO [] 50mg PO [] 25mg IV [] 50mg IV [] 60mg IV [] 70mg	4. Pre-medications:		
[] Diphenhydramine:	[] Acetaminophen:		
[] Diphenhydramine:	[] 1000mg PO [] 500mg PO		
[] 25mg PO [] 50mg PO [] 25mg IV [] 50mg IV [] Hydrocortisone: 100mg IVP [] Other Pre-medications: Indicated 5. Drug Order: Crysvita (burosumab-twza) Ok to substitute with generic/biosimilar [] 1mg/kg (rounded to the nearest 10mg) every 4 weeks (maximum dose is 90mg) [] Other:			
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[] New to Therapy [] Continuing therapy: Last Dose Received			
HOA of CNY is responsible to provide nursing care, safe drug handling & administration, post-infusion observation & management of drug hypersensitivity reactions per the HOACNY Infusion Policy & Procedure Guidelines. Any changes in condition or delayed adverse events that occur after leaving the infusion can are to be reported to the prescribing physician for evaluation & management. The prescribing physician is responsible for educating the patient of potential ris & complications associated with drug administration as well as drug specific monitoring parameters before proceeding with Non-Oncology Infusion Referral 6. Infusion Lab Requirements: [] Serum phosphorus levels monthly (2 weeks following each dose for the first 3 months of therapy) [] Other: HOA of CNY WILL NOT DRAW LAB WORK REQUIRED FOR INFUSION ADMINISTRATION. The prescribing physician is responsible for ordering, obtaining, reviewing all laboratory results & providing copy to HOACNY prior to infusion as ordered above 7. Baseline Lab/Testing completed: [] Serum Phosphorus level, date: [] Other: 8. Patient Assistance & REMS Program Enrollment [] Yes, patient has been enrolled in program. (Provide Copy Enrollment Forms) [] No, patient has not been enrolled in any programs.			
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Physician's Name: Phone: Phone: Date:			,
Physician's Signature: Date:	Physician's Name:		Phone:
	Physician's Signature:		