Crysvita® (burosumab-twza) – New orphan drug approval

- On April 17, 2018, the FDA announced the approval of Ultragenyx and Kyowa Kirin's Crysvita (burosumab-twza), for the treatment of X-linked hypophosphatemia (XLH) in adult and pediatric patients 1 year of age and older.

- XLH is a rare hereditary disease characterized by renal phosphate wasting due to excess fibroblast growth factor 23 (FGF23) production. XLH affects approximately 3,000 children and 12,000 adults in the U.S.

    — Most children with XLH experience bowed or bent legs, short stature, bone pain and severe dental pain. Some adults with XLH experience persistent discomfort or complications, such as joint pain, impaired mobility, tooth abscesses and hearing loss.

- Crysvita targets FGF23, restoring renal phosphate reabsorption and increasing the concentration of 1,25 dihydroxy vitamin D, which is important for proper bone development.

- The safety and efficacy of Crysvita were based on four clinical trials in pediatric and adult patients with XLH.

    — In the pediatric trials, 94% – 100% of patients treated with Crysvita achieved normal phosphorus levels.
    — In the placebo-controlled trial, 94% of adults receiving Crysvita achieved normal phosphorus levels vs. 8% of those receiving placebo ($p < 0.0001$).

- Contraindications of Crysvita include use with oral phosphate or active vitamin D analogs, initiation of Crysvita if serum phosphate is within or above normal range for age, and in patients with severe renal impairment or end-stage renal disease.

- Warnings and precautions of Crysvita include hypersensitivity, hyperphosphatemia, and injection site reactions.

- In pediatric XLH patients, the most common adverse reactions (≥ 25%) with Crysvita use were headache, injection site reaction, vomiting, pyrexia, pain in extremity, and decreased vitamin D.

- In adult XLH patients, the most common adverse reactions (≥ 5% and in at least 2 patients more than placebo) with Crysvita use were back pain, headache, tooth infection, restless leg syndrome, decreased vitamin D, dizziness, constipation, and increased blood phosphorus.

- The recommended dosage of Crysvita is as follows:

    — In pediatric XLH patients, the recommended starting dose of Crysvita is 0.8 mg/kg subcutaneously (SC) administered every 2 weeks by a healthcare professional. The minimum starting dose is 10 mg up to a maximum dose of 90 mg.
    — In adult XLH patients, the recommended starting dose of Crysvita is 1 mg/kg SC administered every 4 weeks by a healthcare professional. The maximum recommended dose is 90 mg.
    — Oral phosphate and active vitamin D analogs should be discontinued 1 week prior to initiation of treatment with Crysvita.
    — After initiation of treatment with Crysvita, fasting serum phosphate levels should be measured every month for the first 3 months, and thereafter as appropriate.

Continued . . .

- In order to support patients, Ultragenyx has launched UltraCare™, a support service that will provide ongoing support to patients and caregivers. UltraCare will help patients understand insurance coverage and assist in finding financial support for both medication and administration of medication. In-house UltraCare Guides are available at **888-756-8657**.

- Ultragenyx and Kyowa Kirin's launch plans for Crysvita are pending. Crysvita will be available as 10 mg/mL, 20 mg/mL, and 30 mg/mL single-dose vials.