OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations.
Visit go.covermymeds.com/OptumRx to begin using this free service.
Please note: All information below is required to process this request.
Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

Crysvita® Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)

Member Name:		
Insurance ID#:		
Date of Birth:		
Street Address:		
City:	State:	Zip:
Phone:		

Provider Information (required)

Provider Name:		
NPI#:	Specialty:	
Office Phone:		
Office Fax:		
Office Street Address:		
City:	State:	Zip:

Medication Information (required)

Medication Name:	Strength: / Dosage Form:
❑ Check if requesting **brand**	Directions for Use:
❑ Check if request is for **continuation of therapy**	

Clinical Information (required)

Select the diagnosis below:

❑ X-linked hypophosphatemia

❑ Other diagnosis: _____ ICD-10 Code(s): _____

Clinical Information:

Is Crysvita prescribed by or in consultation with an endocrinologist or specialist experienced in the treatment of inborn errors of metabolism? ❑ **Yes** ❑ **No**

Select if the patient has the following, indicating the patient is a candidate for pharmacologic therapy:

- ❑ Spontaneous insufficiency fractures
- ❑ Pending orthopedic procedures (e.g., joint replacement)
- ❑ Biochemical evidence of osteomalacia (i.e., elevated serum alkaline phosphatase)
- ❑ Disabling skeletal pain

Does the patient have trial and failure, contraindication, or intolerance to conventional treatment with phosphate- and vitamin D analog-based therapy? ❑ **Yes** ❑ **No**

Reauthorization:

Is there documentation the patient has had a positive clinical response to therapy? ❑ **Yes** ❑ **No**

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

_____

_____

Please note: This request may be denied unless all required information is received.
For urgent or expedited requests please call 1-800-711-4555.
This form may be used for non-urgent requests and faxed to 1-800-527-0531.