# CRYSVITA® ▼ (burosumab) dosing Factsheet for adults with X-linked hypophosphataemia (XLH)

CRYSVITA® is indicated for the treatment of XLH, in children and adolescents aged 1 to 17 years with radiographic evidence of bone disease, and in adults.

## Starting CRYSVITA®

» Oral phosphate and active vitamin D analogues (e.g. calcitriol) should be discontinued 1 week prior to initiation of treatment. Vitamin D replacement or supplementation with inactive forms may be started or continued as per local guidelines under monitoring of serum calcium and phosphate. At initiation, fasting serum phosphate concentration should be below the reference range.

### Starting dose in adults

The **recommended starting dose in adults is 1.0 mg/kg of body weight**, rounded to the nearest 10 mg up to a maximum dose of 90 mg, **given every 4 weeks**.

### Transitioning from an adolescent dose to an adult dose of CRYSVITA®

Please note that the dose needs to be **re-calculated with the patient's weight.** The paediatric dose is **not** simply given **every 4 weeks**, a new dose should be according to the adult dosing regimen.

## Measurement of fasting serum phosphate

» After initiation of treatment with CRYSVITA®, fasting serum phosphate should be measured every 2 weeks for the first month of treatment, every 4 weeks for the following 2 months and thereafter as appropriate.*

» Fasting serum phosphate should be measured 2 weeks after the previous dose of CRYSVITA®. If serum phosphate is within the normal range, the same dose should be continued.

» To decrease the risk for ectopic mineralisation (nephrocalcinosis), it is recommended that fasting serum phosphate is targeted in the lower end of the normal reference range.

## SAMPLE STARTING DOSE CALCULATION – ADULTS (≥18 YEARS)

**Patient weight (kg) x Recommended starting dose (1.0 mg/kg)**

Example: 72 kg x 1.0 mg/kg = 72 mg **(Round to nearest 10 mg)**
Starting dose CRYSVITA® = 70 mg **(The maximum dose is 90 mg)**


### CRYSVITA® vials

CRYSVITA® is available as a 10 mg / 20 mg / 30 mg solution for injection.
Each vial contains 10 mg / 20 mg / 30 mg of CRYSVITA® in a 1 mL solution.

### Missed dose

Treatments may be administered 3 days either side of the scheduled treatment date if needed for practical reasons. If a patient misses a dose, CRYSVITA® should be resumed as soon as possible at the prescribed dose.

▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system found under Section 4.8 of the Summary of Product Characteristics.

*The interpretation of this is that: for adults, and assuming the first dose = Week 0, fasting serum phosphate levels should be measured at Week 2 (2 weeks after dose 1), Week 6 (2 weeks after dose 2) and Week 10 (2 weeks after dose 3).

Kyowa Kirin Limited. CRYSVITA® (burosumab). Summary of Product Characteristics.

**This factsheet is developed and funded by Kyowa Kirin International.**
**Prescribing information is available overleaf. CRYSVITA® has a conditional marketing authorisation.**

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**Prescribing Information:**

## ▼CRYSVITA® (Burosumab)

Please refer to Summary of Product Characteristics (SmPC) before prescribing.

**Presentation:** Each vial contains 10/20/30 mg burosumab in 1 mL solution for injection. Contains 45.91 mg/mL sorbitol. **Indication:** Treatment of X-linked hypophosphataemia, in children and adolescents aged 1 to 17 years with radiographic evidence of bone disease, and in adults. **Dosage and Administration:** At initiation, fasting serum phosphate concentration should be below the reference range for age. For subcutaneous use. Treatment should be initiated by a physician experienced in the management of patients with metabolic bone diseases. Discontinue oral phosphate and active vitamin D analogues 1 week prior to initiation of treatment. **Recommended starting dose in children and adolescents aged 1 to 17 years** is 0.8 mg/kg of bodyweight every 2 weeks. Maximum dose 90 mg. Round dose to the nearest 10 mg. **Dose conversion at age 18 years:** At 18 years of age, the patient should convert to the adult dose and dosing regimen. **Recommended starting dose in adults** is 1.0 mg/kg of bodyweight every 4 weeks. Maximum dose 90 mg. Round dose to the nearest 10 mg. Inject in upper arm, abdomen, buttock or thigh, 1.5 ml max. volume per site. If >1.5 mL is required, split total volume over two sites. Rotate sites and monitor for signs of reactions. Self/carer-administration may be suitable if no immediate dose modifications anticipated. First self-administered dose after drug initiation or dose change should be under supervision of a healthcare professional. Clinical monitoring of patient, including phosphate levels, must continue as required. **Dose Adjustments:** Measure fasting serum phosphate and adjust dose accordingly (not more frequently than every 4 weeks) (see SmPC). **Special Populations:** Safety/efficacy not established in renal impairment and age <1 year. Limited data are available in patients over 65 years of age. **Contraindications:** Hypersensitivity to ingredients (Refer to SmPC). Concurrent administration with oral phosphate, active vitamin D analogues. Fasting serum phosphate above normal range for age. Severe renal impairment or end stage renal disease. **Warnings and Precautions:** *Ectopic mineralisation:* stop oral phosphate and active vitamin D analogues at least 1 week prior to treatment. Monitor for signs and symptoms of nephrocalcinosis at the start of treatment and every 6 months for the first year and annually thereafter. Monitor plasma alkaline phosphatase (ALP), calcium, parathyroid hormone (PTH) and creatinine every 6 months (3 months for children 1 - 2 years). Monitor urine calcium and phosphate every 3 months. *Hyperphosphataemia:* monitor fasting serum phosphate. Dose interruption and/or reduction may be required. Measure post-prandial serum phosphate. *Serum PTH:* increases have been observed during treatment. Measure serum PTH periodically. *Injection site reactions:* Interrupt administration in any patient experiencing severe injection site reactions. *Hypersensitivity:* discontinue CRYSVITA® if serious reactions occur. **Drug Interactions:** Concurrent oral phosphate and active vitamin D analogues contraindicated (increased risk of hyperphosphataemia and hypercalcaemia). Caution when combining with calcimimetic medicinal products (potential to exacerbate hypocalcaemia). **Pregnancy and Lactation:** CRYSVITA is not recommended during pregnancy and in women of childbearing potential not using contraception. No or limited amount of data in pregnant women. Studies in animals have shown reproductive toxicity. It is unknown whether burosumab/metabolites are excreted in human milk. A risk to newborns/infants cannot be excluded. **Undesirable effects (Refer to SmPC for full safety profile):** Mild or moderate hypersensitivity reactions (including: injection site rash, rash, urticaria, swelling face, dermatitis) were reported in 18% of paediatric patients and 6% of adult patients. The most common adverse drug effects in paediatric patients were: injection site reactions (56%), cough (56%), headache (50%), pyrexia (43%), pain in extremity (40%), vomiting (39%), tooth abscess (35%), vitamin D decrease (32%), diarrhoea (25%), rash (24%), nausea (15%), constipation (11%), dental caries (11%) and myalgia (11%). The most common adverse drug reactions in adult patients were: back pain (23%), headache (21%), tooth infection (19%), vitamin D decrease (15%), restless legs syndrome (13%), muscle spasms (12%), and dizziness (11%).

**Date of Preparation of Prescribing Information:** July 2021.
**Legal Category:** POM.
**Marketing Authorisation numbers and list price:**
1 x CRYSVITA 10mg; EU/1/17/1262/001, £2,992.
1 x CRYSVITA 20 mg; EU/1/17/1262/002, £5,984.
1 x CRYSVITA 30 mg; EU/1/17/1262/003, £8,976.
**Marketing Authorisation holder:** Kyowa Kirin Holdings B.V., Bloemlaan 2, 2132NP Hoofddorp, The Netherlands, +31 (0) 237200822.

*CRYSVITA has a conditional Marketing Authorisation in Europe. A conditional authorisation in Europe is granted when a medical product meets an important medical need and when the availability and benefit to health outweighs the risk in additional data being required. The European regulatory agency will review new information on CRYSVITA annually and the Summary of Product Characteristics will be updated accordingly.*



**Please refer to the Summary of Product Characteristics for details on full safety profile of CRYSVITA. Adverse events should be reported to Kyowa Kirin at medinfo@kyowakirin.com or by phone:+44 (0)1896 664000.**

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