PrCRYSVITA® (burosumab injection) is indicated for the treatment of X-linked hypophosphatemia (XLH) in adult and pediatric patients 6 months of age and older.

Burosumab is included in **XLH IWG clinical practice guidelines**

Treatment recommendations for **burosumab in adults with XLH** (GRADEd)[2†]

Recommended

over no therapy in adults with fractures or pseudofractures.
(strong recommendation, moderate certainty)

Suggested

over conventional therapy (active vitamin D and phosphate salts) in adults with fractures or pseudofractures.
(conditional recommendation, low certainty)

Suggested

over no therapy in adults without fractures or pseudofractures.
(conditional recommendation, low certainty)

Select treatment recommendations for adults with XLH (non-GRADEd)[2†‡]

*It is **proposed** to:*

- Provide ongoing care by an expert in metabolic bone disease who recognizes the importance of multidisciplinary services at the transition to adulthood—along with patient support groups—to address disease-related comorbidities.
- Continue medical therapy (with either burosumab or phosphate and active vitamin D) for at least several years following epiphyseal closure.
- Provide ongoing adult care with pharmacotherapeutic management (with either burosumab or phosphate and active vitamin D) with consideration of the benefits and risks of therapy and the patient's capacity for ongoing monitoring.

Access the full publication

The Phase 3 trials of CRYSVITA in pediatric (UX023-CL301) and adult patients (UX023-CL303) had durations of 64 and 48 weeks, respectively.[1]

† The Panel recognized there may be limitations to drug therapy accessibility. See the publication for full GRADEd and non-GRADEd guidelines, including complete methodology, assessment, monitoring, and further treatment insights.[2]

‡ Non-GRADEd recommendations did not adhere to a structured approach but were based on narrative reviews of the literature and consensus among the panelists.[2]

ALP=alkaline phosphatase; GRADE=Grading of Recommendations, Assessment, Development, and Evaluation; IWG=International Working Group.

PrCRYSVITA® burosumab injection
Solution for Subcutaneous Injection 10, 20, 30 mg/mL

Treatment recommendations for **burosumab in children aged 6 months and older with XLH** (GRADEd)[3†]

≥12 months

Recommended

over conventional therapy (active vitamin D and phosphate salts) in children 12 months of age and older with XLH.
(strong recommendation, moderate certainty)

6–12 months

Suggested

over conventional therapy (active vitamin D and phosphate salts) in children 6–12 months of age with XLH.
(conditional recommendation, low certainty)

Select treatment recommendation for children aged 6 months and older with XLH (non-GRADEd)[3†‡]

*It is **proposed** to:*

- Commence medical therapy promptly upon confirming XLH diagnosis and hypophosphatemia.

† The Panel recognized there may be limitations to drug therapy accessibility. See the publication for full GRADEd and non-GRADEd guidelines, including complete methodology, assessment, monitoring, and further treatment insights.[3]
‡ Non-GRADEd recommendations did not adhere to a structured approach but were based on narrative reviews of the literature and consensus among the panelists.[3]

Access the full publication

CRYSVITA (burosumab injection) is indicated for the treatment of X-linked hypophosphatemia (XLH) in adult and pediatric patients 6 months of age and older.

Clinical use:

- Treatment should be initiated and monitored by a health professional experienced in the management of patients with metabolic bone diseases
- Safety and efficacy in geriatric patients (≥65 years) has not been established
- No clinical trial efficacy and safety experience with CRYSVITA in patients <1 year of age

Contraindications:

CRYSVITA is contraindicated:

- In use with oral phosphate and/or active vitamin D analogues (calcitriol or alfacalcidol)
- If serum phosphorus is within or above the normal range for age
- In patients with severe renal impairment or end-stage renal disease

Relevant warnings and precautions:

- Hyperphosphatemia and risk of ectopic mineralization, most commonly nephrocalcinosis
- Hypercalcemia and hyperparathyroidism
- Injection site reactions, especially in pediatric patients
- Vitamin D decrease
- Driving and operating machinery
- Hypersensitivity reactions such as rash, urticaria, and facial swelling
- Fertility
- Pregnancy and use of effective contraception in women of childbearing potential
- Breastfeeding

For more information:

Please consult the CRYSVITA Product Monograph at https://www.kkna.kyowakirin.com/wp-content/uploads/Crysvita-PM-English.pdf for important information relating to adverse reactions and drug interactions that has not been discussed in this piece. The Product Monograph is also available by calling us at 1-866-590-9508.

GRADE=Grading of Recommendations, Assessment, Development, and Evaluation.

References: 1. CRYSVITA (burosumab injection) Product Monograph. Kyowa Kirin Inc. **2.** Khan AA, *et al.* X-Linked Hypophosphatemia Management in Adults: An International Working Group Clinical Practice Guideline. *J Clin Endocrinol Metab.* 2025;110(8):2353-2370. **3.** Ali DS, *et al.* X-Linked Hypophosphatemia Management in Children: An International Working Group Clinical Practice Guideline. *J Clin Endocrinol Metab.* 2025;110(7):2055-2070.

REVIEWED BY PAAB