



## HSE Access & Integration Drug Management Programme (AIDMP)

### Burosumab (Crysvita®) Patient Eligibility Form

Patient Initials: _____
MRN: _____
PPSN/GMS/DPS number: _____
Date of Birth: ____ / ____ / ____

**This form must be completed in full and saved securely in the patients' medical records for audit purposes only**

TREATMENT	HSE APPROVED INDICATION	ICD10	PROTOCOL CODE
Burosumab (Crysvita®)	Treatment of X-linked hypophosphataemia (XLH) with radiographic evidence of bone disease in children 1 year of age and older and adolescents with growing skeletons	E83.3	XLH001

ELIGIBILITY	Y/N
Indication as per Protocol XLH001	
Eligibility criteria in Protocol XLH001 have been satisfied	
Burosumab initiated by a Consultant Paediatric Endocrinologist experienced in the management of metabolic bone diseases in paediatric, adolescent, or transitional age patients	
The patient and/or their parent/guardian has been informed about the risks and benefits of treatment	
EXCLUSIONS	Y/N
All contraindications detailed in the Summary of Product Characteristics (SmPC) for burosumab (Crysvita®) have been considered (See <a href="http://www.medicines.ie">www.medicines.ie</a> )	
MONITORING	Y/N
The patient will be monitored as detailed in Protocol XLH001 and SmPC	
TREATMENT	DATE
First Burosumab (Crysvita®) administration	

PRESCRIBER DETAILS	
Prescriber Name	
Medical Registration Number	

APPROVAL FORM COMPLETED BY	
Name	
Date	

HSE AIDMP Burosumab (Crysvita®) Patient Eligibility Form	Published: September 2025 Review: September 2027	Version Number 3.0
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