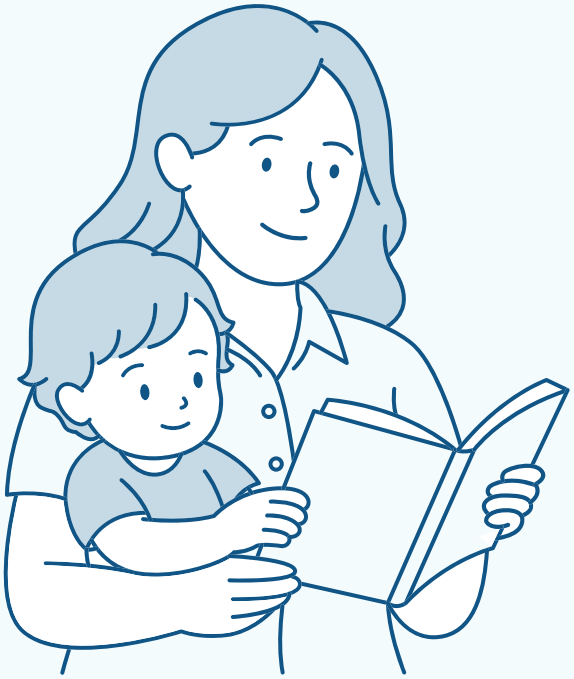

XLH guidelines and your child

Ever wonder how doctors stay informed about XLH?
Clinical practice guidelines help doctors make informed decisions about your child's care. This guide will review the April 2025 published recommendations for managing XLH in children.

Ali D, et al. X-Linked Hypophosphatemia Management in Children: An International Working Group Clinical Practice Guideline. *The Journal of Clinical Endocrinology & Metabolism*. 2025;110(7):2055-2070.
https://doi.org/10.1210/clinem/dgaf093

Some of those who helped make these guidelines have worked with Kyowa Kirin as paid consultants. However, Kyowa Kirin did not help create these guideline recommendations.

XLH=X-linked hypophosphatemia.

How do experts recommend managing XLH in children?

A group of **experts from around the world** and a patient partner carefully looked at available information on XLH and worked together to create new guidelines. They were endorsed by 2 XLH patient groups.

These guidelines were published in a medical journal called *The Journal of Clinical Endocrinology & Metabolism.*

These guidelines educate doctors on how to **diagnose, evaluate, manage, and monitor** XLH in children.

Guideline limitations: Some experts suggest using a process called the Delphi method, which helps experts agree on recommendations. This guideline did not use that process. Instead, the recommendations in this piece were based on a detailed review of the scientific evidence and agreement among the experts. Most of the experts were from Europe and North America, so not all countries were part of the process.

The specific language used in these management guidelines **(whether something is recommended versus suggested)** is based on the quality of information available. The guidelines include several recommendations and suggestions for managing XLH.

TREATMENT RECOMMENDATIONS MADE IN THE GUIDELINES

Treatment recommendations were made using a careful and thorough process that looked at all the scientific evidence available related to patient outcomes. This piece focuses on how they support CRYSVITA as a treatment option for children 6 months and older, when appropriate.

Recommend:

These are considered strong recommendations. Using "recommend" means experts felt confident that the positive effects of treatment outweighed the negative effects.

Suggest:

These are recommendations with a low level of certainty. Using "suggest" means experts felt that the benefits of treatment were likely to outweigh the risks, but there was still some uncertainty.

For children 12 months and older with XLH:

EXPERTS RECOMMEND CRYSVITA® (burosumab-twza) OVER ORAL SUPPLEMENTS

(phosphate salts and active vitamin D)

For children 6 to 12 months old with XLH:

EXPERTS SUGGEST CRYSVITA OVER ORAL SUPPLEMENTS

(phosphate salts and active vitamin D)

Share these management guidelines with your doctor and start the conversation today.

What is CRYSVITA?

CRYSVITA is a prescription medicine used to treat adults and children 6 months of age and older with X-linked hypophosphatemia (XLH).

Important Safety Information

You should not take CRYSVITA if:

- You take an oral phosphate supplement and/or a specific form of vitamin D supplement (such as calcitriol, paricalcitol, doxercalciferol, calcifediol).
- Your phosphorus levels from a blood sample are within or above the normal range for age.
- You have kidney problems.

What is the most important information you should know about CRYSVITA?

- Some patients developed allergic reactions (e.g., rash and hives) while taking CRYSVITA. Your doctor will monitor you for symptoms of an allergic reaction while you are taking CRYSVITA. Your treatment may need to be discontinued for serious allergic reactions.

Please see continued Important Safety Information on next page and the full Prescribing Information for CRYSVITA.

CRYSVITA®
burosumab-twza
Injection 10, 20, 30 mg/mL

Important Safety Information

What is the most important information you should know about CRYSVITA? (cont'd)

- High levels of phosphorus in the blood have been reported in some patients taking CRYSVITA. This may be related to a risk of high calcium levels in the kidneys. Your doctor will collect blood samples to monitor your levels. If you are already taking CRYSVITA, dose interruption and/or dose reduction may be required based on your serum phosphorus levels.
- High levels of calcium in the blood have been reported in patients taking CRYSVITA. The risk is greater in patients with pre-existing hyperparathyroidism (overactive parathyroid glands), for those who are unable to move for extended periods of time, become dehydrated, have high vitamin D levels, or have kidney issues. If you are at greater risk, your doctor will monitor your blood calcium and parathyroid hormone levels before you start and while taking CRYSVITA. If you develop high levels of blood calcium, your doctor may need to stop your treatment until it is adequately managed.
- Administration of CRYSVITA may result in reactions at the injection site, such as hives, reddening of the skin, rash, swelling, bruising, pain, severe itching of the skin, and collection of blood outside of a blood vessel (i.e., hematoma). Call your doctor if you develop an injection site reaction. CRYSVITA may be discontinued if severe injection site reactions occur.

What are the possible side effects of CRYSVITA?

- Adverse reactions that were seen in children with XLH are:
  - Fever
  - Injection site reaction
  - Cough
  - Vomiting
  - Pain in arms and legs
  - Headache
  - Tooth abscess
  - Dental cavities
  - Diarrhea
  - Decreased vitamin D levels
  - Toothache
  - Constipation
  - Muscle pain
  - Rash
  - Dizziness
  - Nausea
- Adverse reactions that were seen in adults with XLH are:
  - Back pain
  - Headache
  - Tooth infection
  - Restless legs syndrome
  - Decreased vitamin D levels
  - Dizziness
  - Constipation
  - Muscle spasms
  - Phosphorus levels increased in the blood
- Narrowing of the spaces within the spine is common in adults with XLH, and pressure on the spinal cord has been reported in adults taking CRYSVITA. It is not known if taking CRYSVITA worsens the narrowing of the spaces within the spine or the pressure on the spinal cord.

Before taking CRYSVITA, tell your doctor about all of your medications (including supplements) and medical conditions, including if you:

- Are taking oral phosphate and/or active vitamin D (such as calcitriol, paricalcitol, doxercalciferol, calcifediol).
- Are pregnant, think you may be pregnant, or plan to become pregnant. There is not enough experience to know if CRYSVITA may harm your unborn baby. Report pregnancies to the Kyowa Kirin, Inc. Adverse Event reporting line at 1-844-768-3544.
- Are breastfeeding or plan to breastfeed. There is not enough experience to know if CRYSVITA passes into your breast milk. Talk with your doctor about the best way to feed your baby while you receive CRYSVITA.

While taking CRYSVITA, tell your doctor if you experience:

- An allergic reaction such as rash or hives
- A rash, swelling, bruising, or other reaction at the injection site
- New or worsening restless legs syndrome

These are not all the possible side effects of CRYSVITA. Call your doctor for medical advice about side effects.

You may report side effects to the FDA at (800) FDA-1088 or **www.fda.gov/medwatch**. You may also report side effects to Kyowa Kirin, Inc. at 1-844-768-3544.

For important risk and use information, please see Important Safety Information on pages 3 and 4 and the full Prescribing Information for CRYSVITA.

KYOWA KIRIN

COMM-US-CRY-0893 February 2026

CRYSVITA®
burosumab-twza
Injection 10, 20, 30 mg/mL