Medical Policy:

Oxlumo™ (lumasiran) Subcutaneous Injection

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.327	February 20, 2025	February 2, 2021

The treating physician or primary care provider must submit to EmblemHealth, or ConnectiCare, as applicable (hereinafter jointly referred to as "EmblemHealth"), the clinical evidence that the member meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request preauthorization or post-payment review. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Health care providers are expected to exercise their medical judgment in rendering appropriate care.

EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary.

If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication.

EmblemHealth may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice. EmblemHealth Services Company, LLC, has adopted this policy in providing management, administrative and other services to EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) related to health benefit plans offered by these entities. ConnectiCare, an EmblemHealth company, has also adopted this policy. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

Definitions

Oxlumo is a hydroxyacid oxidase 1 (HAO1)-directed small interfering RNA indicated for the treatment of primary hyperoxaluria type 1 to lower urinary oxalate levels in pediatric and adult patients. Oxlumo reduces levels of glycolate oxidase (GO) enzyme by targeting the hydroxyacid oxidase 1 (HAO1) messenger ribonucleic acid (mRNA) in hepatocytes through RNA interference. Decreased GO enzyme levels reduce the amount of available glyoxylate, a substrate for oxalate production.

Length of Authorization

Initial coverage will be provided for 6 months and may be renewed for one year.

Dosing Limits [Medical Benefit]

Body Weight	Loading Dose	Maintenance Dose (begin 1 month after loading dose)
Less than 10 kg	6 mg/kg once monthly for 3 doses	3 mg/kg once monthly
10 kg to less than 20 kg	6 mg/kg once monthly for 3 doses	6 mg/kg once 3 months
20 kg and above	3 mg/kg once monthly for 3 doses	3 mg/kg once 3 months

Max Units (per dose and over time) [HCPS Unit]:

• 756 billable units every month for 3 doses then every 3 months thereafter

Guideline

I INITIAL APPROVAL CRITERIA

1. **Primary Hyperoxaluria Type 1**
   A. Oxlumo is being prescribed by, or in consultation with, a nephrologist or urologist; **AND**
   B. Documentation that patient has had a genetic test confirming the diagnosis of Primary Hyperoxaluria Type 1 via identification of an alanine: glyoxylate aminotransferase gene (AGXT) mutation; **AND**
   C. Patient has elevated urine or plasma oxalate as demonstrated by **ONE** of the following:
      i. Patient has a urinary oxalate excretion ≥ 0.5 mmol/24 hours/1.73 m^2 with the absence of secondary sources of oxalate; **OR**
      ii. Patient has a urinary oxalate: creatinine ratio above the age-specific upper limit of normal; **OR**
      iii. Patient has elevated plasma oxalate (POx) concentration (POx concentration > ULN); **AND**
   D. The patient has not previously received a liver transplant for Primary Hyperoxaluria

II RENEWAL APPROVAL CRITERIA

Coverage can be renewed based on the following conditions:

1. The patient is continuing to derive benefit from Oxlumo, according to the prescriber [documentation required]; **AND**
   Note: Examples of responses to Oxlumo therapy are reduced urinary oxalate excretion, decreased urinary oxalate:creatinine ratio, or reduced plasma oxalate levels from baseline (i.e., prior to Oxlumo therapy) or improved or stabilized clinical signs/symptoms of Primary Hyperoxaluria Type 1 (e.g., nephrocalcinosis, formation of renal stones, renal impairment).
2. Patient has not previously received a liver transplant for Primary Hyperoxaluria Type 1.

Limitations/Exclusions

1. **Primary Hyperoxaluria Type 2 (PH2)).** Oxlumo is not expected to be effective for the treatment of PH2, because its mechanism of action does not affect the metabolic pathways causing hyperoxaluria in PH2.
2. **Primary Hyperoxaluria Type 3 (PH3)** Oxlumo is not expected to be effective for the treatment of PH3, because its mechanism of action does not affect the metabolic pathways causing hyperoxaluria in PH3.
3. **Concurrent use of Oxlumo with Rivfloza (nedosiran subcutaneous injection).** Oxlumo is another small interfering RNA agent and should not be used with Rivfloza.

Applicable Procedure Codes

Code	Description
J0224	Oxlumo, Injection, lumasiran, 0.5 mg

Applicable NDCs

Code	Description
71336-1002-01	Oxlumo 94.5mg/0.5mL Solution

ICD-10 Diagnoses

Code	Description
E72.53	Primary hyperoxaluria

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	2/20/2025	Annual Review: Initial Criteria: Primary Hyperoxaluria Type 1: Removed: "Patient has a urinary oxalate excretion ≥ 0.7 mmol/24 hours/1.73 meters^2; OR" replaced with : " Patient has a urinary oxalate excretion ≥ 0.5 mmol/24 hours/1.73 m^2 with the absence of secondary sources of oxalate II RENEWAL APPROVAL CRITERIA: Removed: "Stabilization of disease or absence of disease progression (e.g. objective measurements of a response to Oxlumo therapy are reduced urinary oxalate excretion, decreased urinary oxalate:creatinine ratio, or reduced plasma oxalate levels from baseline (i.e., prior to Oxlumo therapy) or improved or stabilized clinical signs/symptoms of PH1 (e.g., nephrocalcinosis, formation of renal stones, renal impairment); AND Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: infusion-related and hypersensitivity reactions, myelosuppression, infections, etc. " Replaced with: "The patient is continuing to derive benefit from Oxlumo, according to the prescriber [documentation required]; AND *Note: Examples of responses to Oxlumo therapy are reduced urinary oxalate excretion, decreased urinary oxalate:creatinine ratio, or reduced plasma oxalate levels from baseline (i.e., prior to Oxlumo therapy) or improved or stabilized clinical signs/symptoms of Primary Hyperoxaluria Type 1 (e.g., nephrocalcinosis, formation of renal stones, renal impairment*). Patient has not previously received a liver transplant for Primary Hyperoxaluria Type 1." Limitations/Exclusions: removed: "Oxlumo is not considered medically necessary for indications other than those listed above due to insufficient evidence of therapeutic value." Replaced with :"Primary Hyperoxaluria Type 2 (PH2)). Oxlumo is not expected to be effective for the treatment of PH2, because its mechanism of action does not affect the metabolic pathways causing hyperoxaluria in PH2. Primary Hyperoxaluria Type 3 (PH3) Oxlumo is not expected to be effective for the treatment of PH3, because its mechanism of action does not affect the metabolic pathways causing hyperoxaluria in PH3. Concurrent use of Oxlumo with Rivfloza (nedosiran subcutaneous injection). Oxlumo is another small interfering RNA agent and should not be used with Rivfloza."
EmblemHealth & ConnectiCare	1/23/2024	Annual Review: No criteria changes
EmblemHealth & ConnectiCare	6/5/2023	Updated criteria: Patient has elevated urine or plasma oxalate as demonstrated by ONE of the following: Removed: Patient has a plasma oxalate level ≥ 20 µmol/L; Added: Elevated plasma oxalate (POx) concentration (POx concentration > ULN);
EmblemHealth & ConnectiCare	5/24/2023	Annual Review: Primary hyperoxaluria- Initial Criteria: Added: "Patient has a plasma oxalate level ≥ 20 µmol/L; OR"
EmblemHealth & ConnectiCare	09/19/2022	Transferred policy to new template
EmblemHealth & ConnectiCare	7/7/2021	Updated billing codes
EmblemHealth & ConnectiCare	2/2/2021	New Medical Policy

References

1. Oxlumo [package insert]. Alnylam Pharmaceuticals, Inc. Cambridge, MA 02142. November 2020.
2. Lumasiran. Lexi-Drugs. Lexicomp. Wolters Kluwer Health, Inc. Riverwoods, IL. January 2021.
3. Lumasiran. IBM Micromedex® DRUGDEX®. IBM Watson Health, Greenwood Village, Colorado, USA. December 2020.