

Oxlumo® (lumasiran) (Subcutaneous)

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I. Length of Authorization

Coverage will be provided for 6 months initially and may be renewed annually thereafter.

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC Unit]:

- Oxlumo 94.5 mg/0.5 mL in a single-dose vial for injection: 4 vials every month for 3 doses then every 3 months thereafter

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

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

III. Initial Approval Criteria

Coverage is provided in the following conditions:

Universal Criteria ¹⁻⁵

- Patient has not had a liver transplant; **AND**
- Must be prescribed by, or in consultation with, a specialist in genetics, nephrology or urology; **AND**

Primary Hyperoxaluria type 1 (PH1) † Φ ¹⁻⁵

- Patient has a definitive diagnosis of primary hyperoxaluria type 1 as evidenced by one of the following:
 - Patient has a biallelic pathogenic mutation in the alanine: glyoxylate aminotransferase (*AGXT*) gene as identified on molecular genetic testing; **OR**
 - Identification of alanine: glyoxylate aminotransferase (AGT) enzyme deficiency on liver biopsy; **AND**
- Patient has a baseline for one or more of the following:
 - Urinary oxalate excretion level (corrected for BSA)

- Spot urinary oxalate: creatinine ratio
- Estimated glomerular filtration rate (eGFR)
- Plasma oxalate level

† FDA Approved Indication(s); ‡ Compendium Recommended Indication(s); Ⓢ Orphan Drug

IV. Renewal Criteria ¹

Coverage can be renewed based upon the following criteria:

- Patient continues to meet the universal and other indication-specific relevant criteria identified in section III; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe injection site reactions, etc.; **AND**
- Disease response as evidenced by a decrease in urinary oxalate excretion from baseline, a reduction in spot urinary oxalate: creatinine ratio from baseline, stabilization of glomerular filtration rate and/or a decrease in plasma oxalate level from baseline

V. Dosage/Administration ¹

Indication	Dose		
Primary Hyperoxaluria Type 1 (PH1)	For administration by a healthcare professional as a subcutaneous injection only.		
	Actual Body Weight	Loading Dose**	Maintenance 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 every 3 months
	20 kg and above	3 mg/kg once monthly for 3 doses	3 mg/kg once every 3 months
<i>Note: Begin maintenance doses 1 month after the last loading dose.</i> <i>**For Patients on Hemodialysis, administer Oxlumo after hemodialysis if administered on dialysis days.</i>			

VI. Billing Code/Availability Information

HCPCS:

- J0224 – Injection, lumasiran, 0.5 mg; 1 billable unit = 0.5 mg

NDC:

- Oxlumo 94.5 mg/0.5 mL in a single-dose vial solution for injection: 71336-1002-xx

VII. References

1. Oxlumo [package insert]. Cambridge, MA; Alnylam Pharm., Inc., October 2022. Accessed November 2022.
2. Milliner DS, Harris PC, Sas DJ, et al. Primary Hyperoxaluria Type 1. 2002 June 19 [Updated 2022 Feb 10]. In: Adam MP, Everman DB, Mirzaa GM, et al., editors. GeneReviews® [Internet]. Seattle (WA): University of Washington, Seattle; 1993-2022. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK1283/>.

3. Garrelfs SF, Frishberg Y, Hulton SA, et al; ILLUMINATE-A Collaborators. Lumasiran, an RNAi Therapeutic for Primary Hyperoxaluria Type 1. N Engl J Med. 2021 Apr 1;384(13):1216-1226. doi: 10.1056/NEJMoa2021712.
4. Hayes W, Sas DJ, Magen D, et al. Efficacy and safety of lumasiran for infants and young children with primary hyperoxaluria type 1: 12-month analysis of the phase 3 ILLUMINATE-B trial. Pediatr Nephrol. 2022 Aug 1. doi: 10.1007/s00467-022-05684-1.
5. Michael M, Groothoff JW, Shasha-Lavsky H, et al. Lumasiran for Advanced Primary Hyperoxaluria Type 1: Phase 3 ILLUMINATE-C Trial. Am J Kidney Dis. 2022 Jul 14:S0272-6386(22)00771-5. doi: 10.1053/j.ajkd.2022.05.012.

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
E72.53	Primary hyperoxaluria

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Articles (LCAs) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <https://www.cms.gov/medicare-coverage-database/search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCA/LCD): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC

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Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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Minneapolis, MN 55459-0212
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200 Independence Avenue, SW
Room 509F, HHH Building
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