

Oxlumo (lumasiran)
Effective 07/01/2021

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Oxlumo (lumasiran) is an RNA interface agent that decreases levels of glycolate oxidase (GO) enzyme by targeting the hydroxyacid oxidase 1 messenger ribonucleic acid (RNA) in hepatocytes for the treatment of primary hyperoxaluria type 1 (PH1) in pediatric and adult patients.

Coverage Guidelines

Authorization may be granted for members new to AllWays Health Partners who are currently receiving treatment with Oxlumo, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR

Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

1. Member has a documented diagnosis of primary hyperoxaluria type 1 (PH1) confirmed by a molecular genetic test showing a mutation in the alanine:glyoxylate aminotransferase (AGXT) gene or liver enzyme analysis demonstrating absent or significantly reduced alanine:glyoxylate aminotransferase (AGT) activity.
2. Member has a pretreatment estimated glomerular filtration rate (eGFR) of ≥ 30 mL/min/1.73 m².

Continuation of Therapy

Reauthorization may be granted for members who meet all initial authorization criteria and the member’s urinary oxalate excretion has decreased or normalized since initiation of therapy.

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months.
2. The following quantity limits apply:



Oxlumo 94.5mg/0.5mL subcutaneous injection	4 vials per 90 days
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References

1. Oxlumo [package insert]. Cambridge, MA: Alnylam Pharmaceuticals, Inc; December 2020.
2. Niaudet, P. Primary hyperoxaluria. In: UpToDate, Post, TW (Ed), UpToDate, Waltham, MA, 2020.
3. Milliner DS. The primary hyperoxalurias: an algorithm for diagnosis. Am J Nephrol 2005; 25:154.

Review History

05/19/2021 – Created and Reviewed at May P&T. Effective 07/01/2021.

Disclaimer

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