Mass General Brigham
Health Plan

Hyperoxaluria Agents
Rivfloza (nedosiran)
Effective 11/12/2024

Plan	☒ MassHealth UPPL ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693 **Non-Specialty Medications** All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Notes	Rivfloza (nedosiran) is also available on the pharmacy benefit. Please see the MassHealth Drug List for coverage and criteria. Additional agents from this class are available through the pharmacy benefit. Please see the MassHealth Drug List for coverage and criteria.		

Overview
Rivfloza (nedosiran sodium) is a once monthly subcutaneous ribonucleic acid interference (RNAi) therapy. It is designed to inhibit the expression of liver enzyme lactate dehydrogenase (LDH), a liver enzyme that catalyzes the final common step in the glyoxylate metabolism pathway which leads to oxalate overproduction in patients with PH1. It is indicated to lower urinary oxalate levels in children 9 years of age and older and adults with primary hyperoxaluria type 1 (PH1) and relatively preserved kidney function.

Coverage Guidelines
Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication 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:

1. Diagnosis of primary hyperoxaluria type 1 (PH1)
2. Member is ≥ 9 years of age
3. Prescriber is a specialist (e.g., nephrologist) or consult notes from a specialist are provided
4. Results from genetic testing showing mutations in the AGXT gene
5. Member has eGFR >30 mL/min/1.73 m^2
6. Member's current weight
7. Inadequate response, adverse reaction, or contraindication to Oxlumo
8. Appropriate dosing

Continuation of Therapy

Prescriber must provide documentation of ALL of the following:

1. Positive response to therapy
2. Updated member weight
3. Appropriate dosing

Limitations

1. Initial approvals and reauthorizations will be granted for 1 year.

References

1. Rivfloza® [package insert on the internet]. Plainsboro (NJ): Novo Nordisk Inc; 2023 Sep [cited 2024 Apr 18]. Available from: www.rivfloza.com.
2. National Organization for Rare Disorders. Primary hyperoxaluria [webpage on the Internet]. Danbury (CT): National Organization for Rare Disorders; 2024 [cited 2024 Jul 1]. Available from: https://rarediseases.org/rare-diseases/primary-hyperoxaluria.
3. Niaudet P. Primary hyperoxaluria. In: Mattoo TK (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2024 [cited 2024 Jul 1]. Available from: http://www.utdol.com/utd/index.do.
4. Groothoff, J.W., Metry, E., Deesker, L. et al. Clinical practice recommendations for primary hyperoxaluria: an expert consensus statement from ERKNet and OxalEurope. Nat Rev Nephrol. 2023;19:194–211.

Review History

10/9/24 – Created for P&T. New drug, Rivfloza, was added to the Hyperoxaluria Agents class guideline requiring PA through both pharmacy and medical benefits. Effective 11/12/24