STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES

Office of Pharmacy Services
Prior Authorization Criteria
Oxlumo® (Lumasiran)
Effective 5/26/2021
Prior Authorization Request Form

Oxlumo *is* a *HAO1*-directed small interfering ribonucleic acid (siRNA) *indicated for the treatment of primary hyperoxaluria type 1 (PH1) to lower urinary oxalate levels in pediatric and adult patients*.

CRITERIA FOR APROVAL:

1. The patient has a documented diagnosis of primary hyperoxaluria type 1 (PH1) confirmed by either:

    a. Genetic testing that demonstrates a mutation of the alanine:glyoxylate aminotransferase (*AGXT*) gene; or

    b. Liver biopsy demonstrating absent or significantly reduced alanine:glyoxylate aminotransferase (AGT) enzyme activity; **AND**

2. Oxlumo is prescribed by, or in consultation with, a nephrologist, a neurologist or other healthcare provider with expertise in treating PH1; **AND**

3. The patient has not had a prior a liver transplant.

Approval Duration:

Initial approval: will be for 6 months. Continuation of therapy approvals will be granted for 12 months.

Criteria for reauthorization:

1. Patient must continue to meet initial approval criteria; **AND**
2. Demonstrate continued documented compliance; **AND**
3. Documentation is provided indicating a positive clinical response to therapy from pre-treatment baseline (such as a reduction in urinary oxalate concentrations, decreased urinary oxalate:creatinine ratio, decreased plasma oxalate concentrations)

References:

1.) Oxlumo Package Insert
2.) Lexi-Comp Clinical Application 5/2021
3.) UptoDate article: Primary hyperoxaluria