

Medical Policy

Primary Hyperoxaluria Type 1 (PH1)

Last review date: **1/1/2026**

Prior review date: **7/1/2025**

Applicable Products

Oxlumo (lumasiran)

Rivfloza (nedosiran)

Initial Approval Criteria

- Drug-specific criteria; **AND**
- If applicable: Trial and failure, intolerance, or a contraindication to the preferred products as listed in the medical drug list

Oxlumo

- Patient has primary hyperoxaluria type 1 (PH); **AND**
- Patient has an underlying AGXT gene mutation; **AND**
- Prescribed by a nephrologist or provider specializing in PH1

Rivfloza

- Patient is 9 years of age or older; **AND**
- Patient has primary hyperoxaluria type 1 (PH); **AND**
- Patient has relatively preserved kidney function, e.g., eGFR ≥ 30 mL/min/1.73 m²; **AND**
- Prescribed by a nephrologist or provider specializing in PH1

Renewal Criteria

Coverage may be renewed if all of the following are met:

- Patient continues to meet Initial Approval Criteria; **AND**
- Absence of unacceptable toxicity

Length of Authorization

12 Months

This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical or other circumstances may warrant individual consideration, based on review of applicable medical records, as well as other regulatory, contractual and/or legal requirements.

Medical policies do not constitute medical advice, nor are they intended to govern the practice of medicine. They are intended to reflect reimbursement and coverage guidelines. Coverage for services may vary for individual members, based on the terms of the benefit contract.