

# PHARMACY POLICY STATEMENT

## Ohio Medicaid

|                  |                              |
|------------------|------------------------------|
| <b>DRUG NAME</b> | <b>Rivfloza (nedosiran)</b>  |
| BENEFIT TYPE     | Medical                      |
| STATUS           | Prior Authorization Required |

Rivfloza is an LDHA-directed small interfering RNA 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, e.g., eGFR  $\geq 30$  mL/min/1.73 m<sup>2</sup>.

PH1, which is caused by mutations of the AGXT gene, is a rare autosomal recessive disease that mainly affects the kidneys. It results from buildup of oxalate, which normally is filtered through the kidneys and excreted in the urine. Stone formation (calcium oxalate) in the kidneys and urinary tract occurs, as well as elevated levels of calcium in the kidneys. Eventually, if kidney function declines far enough, oxalate can start to accumulate in other body tissues, leading to a variety of problems (systemic oxalosis).

Rivfloza (nedosiran) will be considered for coverage when the following criteria are met:

### Primary Hyperoxaluria Type 1 (PH1)

For **initial** authorization:

1. Member is at least 9 years of age; AND
2. Medication must be prescribed by or in consultation with a urologist or nephrologist; AND
3. Member has a diagnosis of primary hyperoxaluria type 1 confirmed by genetic testing that shows a mutation in the AGXT gene; AND
4. Member has documentation of elevated urinary oxalate levels (24-hour Uox excretion  $\geq 0.7$  mmol (per 1.73 m<sup>2</sup> body surface area [BSA] in age <18 years)) based on at least 2 assessments; AND
5. Member has an eGFR  $\geq 30$  mL/min/1.73 m<sup>2</sup>; AND
6. Member is inadequately managed with increased fluid intake (hyperhydration); AND
7. Member has had an inadequate response to vitamin B6 (pyridoxine), defined as <30% reduction in urine oxalate concentration after at least 3 months on optimal dose; AND
8. Member has not received a liver transplant; AND
9. Rivfloza will not be used in combination with Oxlumo.
10. **Dosage allowed/Quantity limit:** Administer subQ once per month as below:

| Age  | Body Weight                    | Dosing Regimen  |
|--|--------------------------------|---|
| Adults and adolescents<br>12 years and older | Greater than or equal to 50 kg | 160 mg once monthly<br>(Pre-filled Syringe, 1 mL)   |
|  | Less than 50 kg                | 128 mg once monthly<br>(Pre-filled Syringe, 0.8 mL)   |
| Children 9 to 11 years                       | Greater than or equal to 50 kg | 160 mg once monthly<br>(Pre-filled Syringe, 1 mL)   |
|  | Less than 50 kg                | 3.3 mg/kg once monthly, not to exceed 128 mg<br>(Vial, dose volume rounded to nearest 0.1 mL) |

QL: 1 syringe/vial per 28 days

***If all the above requirements are met, the medication will be approved for 6 months.***

For **reauthorization**:

1. Chart notes must show reduced level of urinary oxalate (Uox) excretion compared to baseline; AND
2. Member's eGFR remains  $\geq 30$  mL/min/1.73 m<sup>2</sup>; AND
3. Member has not received a liver transplant.

***If all the above requirements are met, the medication will be approved for an additional 12 months.***

**CareSource considers Rivfloza (nedosiran) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.**

| DATE       | ACTION/DESCRIPTION               |
|------------|----------------------------------|
| 10/03/2023 | New policy for Rivfloza created. |
| 01/25/2024 | Approved by ODM                  |

References:

1. Rivfloza [prescribing information]. Pyramid Laboratories; 2023.
2. Baum MA, Langman C, Cochat P, et al. PHYOX2: a pivotal randomized study of nedosiran in primary hyperoxaluria type 1 or 2. *Kidney Int.* 2023;103(1):207-217. doi:10.1016/j.kint.2022.07.025
3. Groothoff JW, 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(3):194-211. doi:10.1038/s41581-022-00661-1
4. Ohio Administrative Code. (2022, February 23). 5160-1-01 (C) Medicaid medical necessity: definitions and principles. Retrieved February 22 2023 from codes.ohio.gov.
5. Ohio Administrative Code. (2022, July 18). 5160-26-03 Managed care: covered services. Retrieved February 22, 2023 from codes.ohio.gov.
6. Ohio Administrative Code. (2020, January 1). 5160-9-03 Pharmacy services: covered drugs and associated limitations. Retrieved February 22, 2023 from codes.ohio.gov.

Effective date: 04/01/2024

Revised date: 10/03/2023