Reference number(s)
4397-A

STANDARD MEDICARE PART B MANAGEMENT

OXLUMO (lumasiran)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication
Oxlumo is indicated for the treatment of primary hyperoxaluria type 1 (PH1) to lower urinary and plasma oxalate levels in pediatric and adult patients.

All other indications will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

II. DOCUMENTATION

The following documentation must be available, upon request, for all submissions: Molecular genetic tests showing a mutation in the alanine:glyoxylate aminotransferase (AGXT) gene or liver enzyme analysis demonstrating absent or significantly reduced alanine:glyoxylate aminotransferase (AGT) activity.

III. CRITERIA FOR INITIAL APPROVAL

Primary hyperoxaluria type 1
Authorization of 12 months may be granted for treatment of primary hyperoxaluria type 1 (PH1) when the member has a documented diagnosis of primary hyperoxaluria type 1 (PH1) confirmed by either:
A. Molecular genetic test showing a mutation in the alanine:glyoxylate aminotransferase (AGXT) gene.
B. Liver enzyme analysis demonstrating absent or significantly reduced alanine:glyoxulate aminotransferase (AGT) activity.

IV. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

Authorization for 12 months may be granted when all of the following criteria are met:
A. The member is currently receiving therapy with Oxlumo.
B. Oxlumo is being used to treat an indication enumerated in Section III
C. The member is receiving benefit from therapy. Benefit is defined as a decrease or normalization of urinary and/or plasma oxalate.

V. SUMMARY OF EVIDENCE

The contents of this policy were created after examining the following resources:

1. The prescribing information for Oxlumo.
2. The available compendium
    a. National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
    b. Micromedex DrugDex
    c. American Hospital Formulary Service- Drug Information (AHFS-DI)
    d. Lexi-Drugs
    e. Clinical Pharmacology
3. The primary hyperoxalurias: an algorithm for diagnosis

After reviewing the information in the above resources, the FDA-approved indications listed in the prescribing information for Oxlumo are covered.

VI. EXPLANATION OF RATIONALE

Support for FDA-approved indications can be found in the manufacturer's prescribing information.

Support for the diagnostic criteria for primary hyperoxaluria type 1 can be found in a review article by Cochat and Rumsby. A definitive diagnosis of primary hyperoxaluria in a patient with clinical signs and symptoms requires genetic testing to detect a mutation in the alanine:glyoxylate aminotransferase (AGXT) gene. In some cases, the phenotype is typical of primary hyperoxaluria, but no mutation is detected, either because the mutation lies in a promoter or other regulatory sequence or because some other, as yet undefined, metabolic defect is present (i.e., "uncategorized" primary hyperoxaluria). In such cases, a liver biopsy can be performed to test for levels of AGT and GRHPR activity; if the results are negative, primary hyperoxaluria types 1 and 2 can be ruled out.

VII. REFERENCES

1. Oxlumo [package insert]. Cambridge, MA: Alnylam Pharmaceuticals, Inc; October 2022.
2. Niaudet, P. Primary hyperoxaluria. In: UpToDate, Post, TW (Ed), UpToDate, Waltham, MA, 2022.
3. Milliner DS. The primary hyperoxalurias: an algorithm for diagnosis. Am J Nephrol 2005; 25:154.
4. Cochat P, Rumsby G. Primary hyperoxaluria. N Engl J Med. 2013 Aug 15;369(7):649-58.