



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.
02/13/2024	Removed hyperhydration requirement.

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

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Revised date: 02/13/2024