

PHARMACY POLICY STATEMENT

Indiana Medicaid

DRUG NAME

Oxlumo (lumasiran)

For **reauthorization**:

1. Chart notes must show reduced level of urinary or plasma oxalate compared to baseline; AND
2. Member has maintained stable kidney function (i.e., no clinically significant decline of eGFR); AND
3. Member has not received a liver transplant and is not on peritoneal dialysis.

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

CareSource considers Oxlumo (lumasiran) 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
12/08/2020	New policy for Oxlumo created.
05/27/2022	Transferred to new template. Updated billing code. Updated references. Added increased fluid intake. In renewal, changed 'or stable kidney function' to 'and stable kidney function' and revised description.
10/18/2022	Changed initial approval duration from 12 months to 6 months. Updated and added references; updated criteria per expanded product labeling which addresses plasma oxalate and use in severe renal disease and hemodialysis populations; peritoneal dialysis remains excluded.
10/18/2023	Added reference. Removed biopsy option for diagnosis confirmation. Removed urinary alkalinization trial requirement. Defined non-response to vitamin B6. Added no