



**GEORGIA MEDICAID FEE-FOR-SERVICE  
HYPEROXALURIA AGENTS PA SUMMARY**

Preferred	Non-Preferred
Oxlumo (lumasiran injection)*	Rivfloza (nedosiran)

\*preferred but requires PA

**LENGTH OF AUTHORIZATION:** Initial 6 months, reauthorization 1 year

**NOTE:**

- ❖ **The criteria details below are for the outpatient pharmacy program.** If a medication is being administered in a physician’s office or clinic, then the medication must be billed through the DCH physician services program and not the outpatient pharmacy program. Information regarding the physician services program is located at [www.mmis.georgia.gov](http://www.mmis.georgia.gov).
- ❖ Oxlumo is preferred but requires prior authorization.

**PA CRITERIA:**

*Oxlumo and Rivfloza*

- ❖ Approvable for members with a diagnosis of primary hyperoxaluria type 1 (PH1) who have signs or symptoms or family history of genetically confirmed PH1 and secondary causes of PH1 have been ruled out who have been on potassium citrate, neutral phosphate or magnesium oxide as well as pyridoxine therapy *AND*
- ❖ Genetic testing confirmed a mutation in the alanine:glyoxylate aminotransferase (AGT or AGXT) gene or liver biopsy confirmed alanine:glyoxylate aminotransferase (AGT or AGXT) enzyme deficiency *AND*
- ❖ Urinary oxalate excretion corrected for body surface area (BSA) is greater than 1 mmol/1.73 m<sup>2</sup> per day and urinary oxalate to creatinine ratio is greater than normal based on age *AND*
- ❖ Urinary glycolate excretion corrected for body surface area (BSA) is greater than 0.5 mmol/1.73 m<sup>2</sup> per day and urinary glycolate to creatinine ratio is greater than normal based on age *AND*
- ❖ Medication must be prescribed by or in consultation with a specialist in treating primary hyperoxaluria type 1 (PH1).
- ❖ In addition for Rivfloza, member must have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect to Oxlumo.

**EXCEPTIONS:**

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

**PREFERRED DRUG LIST:**

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.



**PA AND APPEAL PROCESS:**

- For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.