Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	June 9, 2021 May 11, 2023

OXLUMO® (lumasiran)

LENGTH OF AUTHORIZATION: Up to one year

REVIEW CRITERIA:

- Patient must have a diagnosis of primary hyperoxaluria type 1 (PH1), confirmed by either a molecular or biochemical genetic test.
- Documentation of patient's weight.
- Prescribed by, or in consultation, with a specialist (e.g., geneticist, nephrologist, urologist).

CONTINUATION OF THERAPY:

- Patient met the above criteria; AND
- Documentation of improved clinical response (e.g., decreased urinary oxalate concentrations, decreased urinary oxalate: creatinine ratio, decreased plasma oxalate concentrations); AND
- Dosing is appropriate as per labeling or is supported by compendia.

DOSING AND ADMINISTRATION:

- Refer to product labeling at https://www.accessdata.fda.gov/scripts/cder/daf/
- Available as 94.5 mg/0.5 mL single-dose vial for injection