

# Oxlumo™ (Lumasiran)

Policy Number: PHARMACY 335.2 T2  
Effective Date: April 1, 2021

[➔ Instructions for Use](#)

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Related Policies
<ul style="list-style-type: none"> <li>• <a href="#">Acquired Rare Disease Drug Therapy Exception Process</a></li> <li>• <a href="#">Provider Administered Drugs – Site of Care</a></li> <li>• <a href="#">Review at Launch for New to Market Medications</a></li> </ul>

## Coverage Rationale

[➔ See Benefit Considerations](#)

Oxlumo (lumasiran) has been added to the Review at Launch program. Some members may not be eligible for coverage of this medication at this time. Refer to the policy titled [Review at Launch for New to Market Medications](#) for additional details.

Oxlumo is proven for the treatment of primary hyperoxaluria type 1 (PH1).

Oxlumo is medically necessary for the treatment of PH1 in patients who meet all of the following criteria:

- For initial therapy, all of the following:
  - Diagnosis of PH1 by, or in consultation with, a specialist (e.g., geneticist, nephrologist, urologist) with expertise in the diagnosis of PH1; and
  - Confirmation of the PH1 diagnosis based on both of the following:
    - Metabolic testing demonstration one of the following:
      - Increased urinary oxalate excretion ( e.g. greater than 1 mmol/1.73 m<sup>2</sup> per day [90 mg/1.73 m<sup>2</sup> per day], increased urinary oxalate:creatinine ratio relative to normative values for age); or
      - Increased plasma oxalate and glyoxylate concentrations
    - and
    - Genetic testing has confirmed a mutation in the alanine:glyoxylate aminotransferase (AGT or AGXT) gene and
  - Patient has not received a liver transplant; and
  - Oxlumo is prescribed by, or in consultation with, a specialist (e.g., geneticist, nephrologist, urologist) with expertise in the treatment of PH1; and
  - Oxlumo dosing is in accordance with the United States Food and Drug Administration approved labeling; and
  - Initial authorization will be for no more than 6 months.

- For continuation of therapy, all of the following:
  - Submission of medical records (e.g., chart notes, laboratory values) documenting a positive clinical response to therapy from pre-treatment baseline ( e.g., decreased urinary oxalate concentrations, decreased urinary oxalate:creatinine ratio, decreased plasma oxalate concentrations); and
  - Patient has not received a liver transplant; and
  - Oxlumo is prescribed by, or in consultation with, a specialist (e.g., geneticist, nephrologist, urologist) with expertise in the treatment of PH1; and
  - Oxlumo dosing is in accordance with the United States Food and Drug Administration approved labeling; and
  - Reauthorization will be for no more than 12 months.

## Prior Authorization Requirements

Prior to Jul. 1, 2021: Prior authorization is not required; however, it is strongly recommended for Oxlumo. While no penalty will be imposed for failure to request a pre-service review, if one is not requested, a medical necessity review will be conducted post-service to determine coverage. It is the referring physician’s responsibility to provide medical documentation to demonstrate clinical necessity for the medication. Refer to the Clinical Policy titled [Review at Launch for New to Market Medications](#).

On or after Jul. 1, 2021: Prior authorization is required in all sites of service.

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

HCPCS Code	Description
C9074	Injection, lumasiran, 0.5 mg
J3490	Unclassified drugs
J3590	Unclassified biologics

Diagnosis Code	Description
E72.53	Primary hyperoxaluria

## Description of Services

Primary hyperoxaluria (PH) is a rare inborn error of glyoxylate metabolism characterized by the overproduction of oxalate, which is deposited as calcium oxalate in various organs. In particular, the kidney is a prime target for oxalate deposition, as excessive urinary excretion of oxalate may lead to end-stage renal disease (ESRD). PH is primarily caused by autosomal recessive enzymatic defects in pathways of glyoxylate metabolism that result in enhanced oxalate production. PH type 1 (approximately 80 percent of cases) is due to mutations of hepatic peroxisomal enzyme alanine:glyoxylate aminotransferase (AGT). Glycolate oxidase (GO) is an enzyme responsible for the metabolism of glycolate to glyoxylate and glyoxalate to oxalate. Lumasiran reduces levels of GO enzyme by targeting the hydroxyacid oxidase 1 (HAO1) messenger ribonucleic acid (mRNA) in hepatocytes through RNA interference. Decreased GO enzyme levels reduce the amount of available glyoxylate, a substrate for oxalate production. As the GO enzyme is upstream of the deficient alanine:glyoxylate aminotransferase (AGT) enzyme that causes PH1, the mechanism of action of lumasiran is independent of the underlying AGXT gene mutation. Lumasiran is not expected to be effective in primary hyperoxaluria type 2 (PH2) or type 3 (PH3) because its mechanism of action does not affect the metabolic pathways causing hyperoxaluria in PH2 and PH3.

In patients with PH, the increased urinary excretion of oxalate results in an oversaturated urine for calcium oxalate, which leads to urolithiasis and nephrocalcinosis. Recurrent stones and progressive nephrocalcinosis cause renal parenchymal inflammation and fibrosis, and if persistent, may progress to ESRD. As renal function deteriorates, plasma oxalate exceeds 30 micromol/L (the plasma supersaturation threshold for calcium oxalate), because of reduced urinary oxalate excretion. This leads to calcium oxalate deposition into nonrenal tissues including the retina, myocardium, vessel walls, skin, bone, and the central nervous system (systemic oxalosis). Liver transplantation is the only curative intervention for PH type 1 as it corrects the underlying enzymatic defect due to mutations of the AGXT gene.

## Benefit Considerations

Some Certificates of Coverage allow for coverage of experimental/investigational/unproven treatments for life-threatening illnesses when certain conditions are met. The member specific benefit plan document must be consulted to make coverage decisions for this service. Some states mandate benefit coverage for off-label use of medications for some diagnoses or under some circumstances when certain conditions are met. Where such mandates apply, they supersede language in the benefit document or in the medical or drug policy. Benefit coverage for an otherwise unproven service for the treatment of serious rare diseases may occur when certain conditions are met. Refer to the Administrative Policy titled [Acquired Rare Disease Drug Therapy Exception Process](#).

## Clinical Evidence

The efficacy of lumasiran was established in a pivotal placebo-controlled and open-label clinical studies (ILLUMINATE-A, ILLUMINATE-B, and a phase 1/2 study) in 77 patients with PH1 (including 56 pediatric patients). Patients ranged in age from 4 months to 61 years at first dose. The median duration of exposure was 9.1 months (range 1.9 to 21.7 months). Overall, 58 patients were treated for at least 6 months, and 18 patients for at least 12 months.

A phase 1/2 study evaluated lumasiran at multiple doses in a single blind, randomized, placebo-controlled trial in 20 patients with PH1. Patients were randomized 3:1 to receive lumasiran and all patients received lumasiran in the open-label extension phase. After a median of 7 months on lumasiran, patients experienced a 66% mean reduction of urinary oxalate content from baseline. Among patients receiving 3.0 mg/kg monthly or quarterly doses of lumasiran, 10/12 (83%) achieved urinary oxalate levels within the normal range.

ILLUMINATE-A was a randomized, double-blind trial comparing lumasiran and placebo in 39 patients  $\geq 6$  years of age with PH1 and an eGFR  $\geq 30$  mL/min/1.73 m<sup>2</sup> (ILLUMINATE-A; NCT03681184). Patients received 3 loading doses of 3 mg/kg lumasiran (N=26) or placebo (N=13) administered once monthly, followed by quarterly maintenance doses of 3 mg/kg lumasiran or placebo. The primary endpoint from ILLUMINATE A was the percent reduction from baseline in 24-hour urinary oxalate excretion corrected for BSA averaged over months 3 through 6. The LS mean percent change from baseline in 24-hour urinary oxalate in the lumasiran group was -65% (95% CI: -71, -59) compared with -12% (95% CI: -20, -4) in the placebo group, resulting in a between-group LS mean difference of 53% (95% CI: 45, 62;  $p < 0.0001$ ). By Month 6, 52% (95% CI: 31, 72) of patients treated with lumasiran achieved a normal 24-hour urinary oxalate corrected for BSA ( $\leq 0.514$  mmol/24 hr/1.73 m<sup>2</sup>) compared to 0% (95% CI: 0, 25) placebo-treated patients ( $p = 0.001$ ).

ILLUMINATE-B was a single-arm study in 18 patients  $< 6$  years of age with PH1 and an eGFR  $> 45$  mL/min/1.73 m<sup>2</sup> for patients  $\geq 12$  months of age or a normal serum creatinine for patients  $< 12$  months of age (ILLUMINATE-B; NCT03905694). The median age was 47 months (range 4 to 74 months). The primary endpoint was the percent reduction from baseline in spot urinary oxalate:creatinine ratio averaged over months 3 through 6. Patients treated with lumasiran achieved a reduction in spot urinary oxalate:creatinine ratio from baseline of 71% (95% CI: 65, 77).

## U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Oxlumo (lumasiran) is a HAO1-directed small interfering ribonucleic acid (siRNA) indicated for the treatment of primary hyperoxaluria type 1 (PH1) to lower urinary oxalate levels in pediatric and adult patients.

## References

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare Pharmacy, Clinical Pharmacy Program that was researched, developed and approved by the UnitedHealth Group National Pharmacy & Therapeutics Committee. [2021D0102A]

1. Oxlumio [package insert] Cambridge MA, Alnylam Pharmaceuticals, Inc. November 2020.
2. Cochat P, Hulton SA, Acquaviva C, et al. Primary Hyperoxaluria Type 1: Indications For Screening And Guidance For Diagnosis And Treatment. Nephrol Dial Transplant 2012; 27:1729.
3. Hoppe B, Beck BB, Milliner DS. The primary hyperoxalurias. Kidney Int 2009; 75:1264.
4. Niaudet P. Primary Hyperoxaluria. In: UpToDate, Mattoo TK, Kim MS, (Ed), UpToDate, Waltham, MA, 2020.
5. A Phase 1/2 Trial Of Lumasiran (ALN-GO1), An Investigational RNA Interference (RNAi) Therapeutic, For Primary Hyperoxaluria Type 1. ESPN Annual Meeting. Antalya, Turkey. 4 October 2018.
6. A Study to Evaluate Lumasiran in Children and Adults With Primary Hyperoxaluria Type 1 (ILLUMINATE-A). Clinicaltrials.gov website <https://clinicaltrials.gov/ct2/show/NCT03681184?term=lumasiran&draw=2&rank=4>. Accessed December 1, 2020.
7. A Study of Lumasiran in Infants and Young Children With Primary Hyperoxaluria Type 1 (ILLUMINATE-B). Clinicaltrials.gov website <https://clinicaltrials.gov/ct2/show/NCT03905694?term=lumasiran&draw=2&rank=2>. Accessed December 1, 2020.
8. A Study to Evaluate Lumasiran in Patients With Advanced Primary Hyperoxaluria Type 1 (ILLUMINATE-C). Clinicaltrials.gov website <https://clinicaltrials.gov/ct2/show/NCT04152200?term=lumasiran&draw=2&rank=1>. Accessed December 1, 2020.

## Policy History/Revision Information

Date	Summary of Changes
04/01/2021	<b>Applicable Codes</b> <ul style="list-style-type: none"><li>• Updated list of applicable HCPCS codes to reflect quarterly code edits; replaced C9399 with C9074</li><li>• Archived previous policy version PHARMACY 335.1 T2</li></ul>

## Instructions for Use

This Clinical Policy provides assistance in interpreting UnitedHealthcare Oxford standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare Oxford reserves the right to modify its Policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice.

The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. UnitedHealthcare Oxford Clinical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.