BlueCross BlueShield
Federal Employee Program

RIVFLOZA
(nedosiran)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 2 years of age or older

Diagnosis

Patient must have the following:

Primary hyperoxaluria type 1 (PH1)

AND ALL of the following:

a. Diagnosis confirmed by identification of biallelic pathogenic variants in alanine:glyoxylate aminotransferase (*AGT* or *AGXT*) gene **OR** liver biopsy demonstrating AGT deficiency
b. Presence of 1 of the following clinical signs or symptoms of PH1:
    i. Elevated urine oxalate excretion (body surface area-normalized daily urine oxalate excretion output ≥ 0.7 mmol/1.73 m^2)
    ii. Elevated plasma oxalate concentration > 20 µmol/L or > 1.76 mg/L
    iii. Urine oxalate excretion:creatinine ratio above age-specific upper limit of normal
c. Prescribed by or in consultation with a nephrologist, urologist, geneticist, or any healthcare provider with expertise in treating primary hyperoxaluria type 1
d. Prescriber agrees to monitor urinary oxalate levels
e. Patient has not received a liver transplant
f. Estimated glomerular filtration rate (eGFR) ≥ 30 mL/min/1.73m^2

Patient will be dosed based on actual body weight

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 2 years of age or older

Diagnosis

Patient must have the following:

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Primary hyperoxaluria type 1 (PH1)

AND ALL of the following:

a. Patient has had a clinically meaningful response to therapy from pre-treatment baseline (e.g., decreased urinary oxalate concentrations, decreased urinary oxalate:creatinine ratio, decreased plasma oxalate concentrations, improvement, stabilization or slowed worsening of nephrocalcinosis, renal stone events, renal impairment, or systemic calcinosis)
b. Patient has not received a liver transplant
c. Estimated glomerular filtration rate (eGFR) ≥ 30 mL/min/1.73m^2
d. Patient will be dosed based on actual body weight

Prior - Approval *Renewal* Limits

Same as above