

	
AETNA BETTER HEALTH® Coverage Policy/Guideline	
Name: Oxlumo	Page: 1 of 3
Effective Date: 7/2/2026	Last Review Date: 4/2026
Applies to:	☒ Illinois ☐ Florida ☒ Florida Kids ☒ New Jersey ☒ Maryland ☐ Michigan ☒ Pennsylvania Kids ☐ Virginia ☒ Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Oxlumo under the patient’s prescription drug benefit.

Description:

FDA-approved Indications¹

Oxlumo is indicated for the treatment of primary hyperoxaluria type 1 (PH1) to lower urinary and plasma oxalate levels in pediatric and adult patients.

All other indications are considered experimental/investigational and not medically necessary.

Applicable Drug List:

Oxlumo

Policy/Guideline:

Documentation

Submission of the following information is necessary to initiate the prior authorization review:

Initial Requests:

- Molecular genetic test results demonstrating a pathogenic variant in the alanine:glyoxylate aminotransferase (AGXT) gene or liver enzyme analysis results demonstrating absent or significantly reduced alanine:glyoxylate aminotransferase (AGT) activity.
- Baseline urinary oxalate, urinary oxalate:creatinine ratio, or plasma oxalate testing results.

Continuation Requests:

- Chart notes or medical records demonstrating a positive response to therapy.

Prescriber Specialties

This medication must be prescribed by or in consultation with a geneticist, nephrologist, or urologist.



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Oxlumo

Page: 2 of 3

Effective Date: 7/2/2026

Last Review Date: 4/2026

Applies to:	☒ Illinois	☐ Florida	☒ Florida Kids
	☒ New Jersey	☒ Maryland	☐ Michigan
	☒ Pennsylvania Kids	☐ Virginia	☒ Kentucky PRMD

Coverage Criteria

Primary Hyperoxaluria Type 1 (PH1)¹⁻⁴

Authorization of 12 months may be granted for the treatment of primary hyperoxaluria type 1 (PH1) when all of the following criteria are met:

- Member has a diagnosis of PH1 confirmed by either of the following:
 - Molecular genetic test results demonstrating a pathogenic variant in the alanine:glyoxylate aminotransferase (AGXT) gene.
 - Liver enzyme analysis results demonstrating absent or significantly reduced alanine:glyoxylate aminotransferase (AGT) activity.
- Member has elevated urinary oxalate, urinary oxalate:creatinine ratio, or plasma oxalate levels prior to initiating therapy with the requested medication, per laboratory performing the test.
- Member has not previously received a liver transplant.
- The requested medication will not be used in combination with Rivfloza (nedosiran).

Continuation of Therapy

Authorization of 12 months may be granted for members who meet all requirements in the coverage criteria section and demonstrate a positive response to therapy (e.g., decrease or normalization in urinary and/or plasma oxalate levels, improvement in kidney function).

Approval Duration and Quantity Restrictions:

Approval Duration: 12 months

Quantity Level Limit:

Medication	Standard Limit	FDA-recommended dosing
Oxlumo (lumasiran) 94.5 mg/0.5 mL single dose vial	4 vials per 90 days	For patients with body weight < 10 kg: 6 mg/kg once monthly for first 3 doses; 3 mg/kg once monthly for maintenance therapy For patients with body weight 10 to < 20 kg: 6 mg/kg once monthly for first 3 doses; 6 mg/kg once every 3 months for maintenance therapy For patients with body weight ≥ 20 kg: 3 mg/kg once monthly for first 3 doses; 3 mg/kg once every 3 months for maintenance therapy



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Oxlumo

Page: 3 of 3

Effective Date: 7/2/2026

Last Review Date: 4/2026

Applies to:	☒ Illinois	☐ Florida	☒ Florida Kids
	☒ New Jersey	☒ Maryland	☐ Michigan
	☒ Pennsylvania Kids	☐ Virginia	☒ Kentucky PRMD

References:

1. Oxlumo [package insert]. Cambridge, MA: Alnylam Pharmaceuticals, Inc; April 2025.
2. Niaudet, P. Primary hyperoxaluria: Clinical features, diagnosis, and management. Waltham, MA. UpToDate. Last Modified September 30, 2025. <https://www.uptodate.com/contents/primary-hyperoxaluria-clinical-features-diagnosis-and-management>. Accessed October 20, 2025.
3. Milliner DS. The primary hyperoxalurias: an algorithm for diagnosis. Am J Nephrol 2005; 25:154.
4. Milliner DS, Harris PC, Sas DJ, et al. Primary Hyperoxaluria Type 1. 2002 Jun 19 [Updated 2024 Aug 15]. In: Adam MP, Feldman J, Mirzaa GM, et al., editors. GeneReviews® [Internet]. Seattle (WA): University of Washington, Seattle; 1993-2025. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK1283/>