

Kaiser Foundation Health Plan of Washington  
 Kaiser Foundation Health Plan of Washington Options, Inc.  
 Provider Communications, RCR-A3W-04  
 PO Box 34262, Seattle WA 98124-1262

**December 4, 2024**

**NEDOSIRAN (RIVFLOZA) UPDATED PRIOR AUTHORIZATION CRITERIA**

Dear Provider,

Nedosiran (Rivfloza) is on the **non-Medicare** list of office-administered drugs requiring prior authorization. **Effective March 1, 2025**, the criteria for nedosiran (Rivfloza) will be updated to include a quantity limit. **This letter is a notification of the upcoming change in prior authorization criteria required before administering this medication in a physician's office.**

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington, Options, Inc. (Kaiser Permanente) require prior authorization for a select group of injectable drugs that may be administered under the medical benefit in a physician's office or by home infusion. These reviews are intended to ensure consistent benefit adjudication as well as appropriate utilization in accordance with the Kaiser Permanente Pharmacy & Therapeutics Committee's evidence-based criteria for coverage.

**Prior Authorization Criteria for Nedosiran (Rivfloza) (changes are in bold):**

<b>DRUG NAME</b>	<b>COVERAGE CRITERIA</b>
NEDOSIRAN	Covered for patients who meet all of the following: <ul style="list-style-type: none"> <li>• Diagnosis of Primary hyperoxaluria type 1 (PH1) with documented genetic testing confirming <i>AGXT</i> mutation.</li> <li>• Prescribed by or in consultation with a Nephrologist, Pediatric Nephrologist, Urologist, or Pediatric Urologist.</li> <li>• Elevated 24-hour urine oxalate level or elevated spot urine oxalate/creatinine ratio consistent with diagnosis of PH1.</li> <li>• Documentation of maintaining appropriate fluid intake as advised by prescriber.</li> <li>• Failure, contraindication, or intolerance to lumasiran (Oxlumo).</li> <li>• Required baseline labs:                             <ul style="list-style-type: none"> <li>○ 24-hour urine oxalate within 3 months prior to treatment initiation (for pediatric patients unable to complete 24-hour urine oxalate, spot urine oxalate/creatinine ratio is sufficient)</li> <li>○ spot urine oxalate/creatinine ratio just prior to treatment initiation</li> <li>○ estimated glomerular filtration rate (eGFR)</li> </ul> </li> <li>• Dose prescribed is limited to the following according to patient age and weight:                             <ul style="list-style-type: none"> <li>○ 12 years and older and ≥ 50 kg: 160 mg once monthly</li> <li>○ 12 years and older and &lt; 50 kg: 128 mg once monthly</li> <li>○ 9 to 11 years and ≥ 50 kg: 160 mg once monthly</li> <li>○ 9 to 11 years and &lt; 50 kg: 3.3 mg/kg up to 128 mg once monthly</li> </ul> </li> </ul> Not covered for patients with: <ul style="list-style-type: none"> <li>• History of liver or kidney transplant</li> <li>• Diagnosis of primary hyperoxaluria type 2 (PH2) or type 3 (PH3)</li> </ul>

DRUG NAME	COVERAGE CRITERIA
	<p>Reassessment every 6 months must include clinical documentation to confirm improvement in symptoms and confirm that patient is not post liver transplant.</p> <p><b>Quantity Limit:</b></p> <ul style="list-style-type: none"><li>• 1 syringe per 30 days (160 mg and 128 mg strengths)</li><li>• 1 vial per 30 days (80 mg vial)</li></ul>

**Additional Information**

A complete list of office-administered injectable drugs requiring prior authorization can be found on the Kaiser Permanente provider website at <https://wa-provider.kaiserpermanente.org/provider-manual/clinical-review/officeinject>.

To request prior authorization review, please use the Referral Request online form (login required) located on the Kaiser Permanente provider website at <https://wa-provider.kaiserpermanente.org/provider-manual/clinical-review/preservice>.

You can also fax your request to the Review Services department toll-free at 1-888-282-2685.

Thank you for the care you provide to our members, your patients. If you have any questions about this process, please call Review Services at 1-800-289-1363, Monday through Friday from 8 a.m. to 5 p.m.

Sincerely,



Ravi Ubriani, MD, Chair  
Pharmacy & Therapeutics Committee