Rivfloza *(nedosiran)*

PA Criteria	Criteria Details
Covered Uses (FDA approved indication)	Rivfloza is an LDHA-directed small interfering RNA indicated to lower urinary oxalate levels in children 9 years of age and older and adults with primary hyperoxaluria type 1 (PH1) and relatively preserved kidney function, e.g., eGFR ≥30 mL/min/1.73 m^2.
Exclusion Criteria	Coverage will not be provided in the following situations: (1) Patient has a history of kidney or liver transplant; AND (2) Patient will be using in combination with Oxlumo.
Required Medical Information	1. Medical records supporting the request must be provided; 2. Must have a diagnosis of primary hyperoxaluria type 1 (PH1) confirmed by genetic testing of the AGXT mutation or by liver enzyme analysis; 3. Must have preserved kidney function with an estimated glomerular filtrate rate (eGFR) of 30 mL/min/1.73m^2 or more; 4. For reauthorization requests, must have documented clinical benefit with Rivfloza compared to baseline.
Age Restriction	Patient is at least 9 years of age.
Prescriber Restrictions	Prescribed by or in consultation with a nephrologist or urologist.
Coverage Duration	Initial: one year. Reauthorization: two years. Dose will be approved according to the FDA-approved labeling or within accepted standards of medical practice.
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document.

HCPCS	Description	Billing Units/How Supplied
J3490*, C9399*	Rivfloza (nedosiran)	Additional information required: National Drug Code (NDC), Strength, Dosage administered, Route of administration. 128 mg/ 0.8 mL and 160 mg/mL prefilled syringe and 80 mg/0.5 mL SDV

STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	8/21/2025	Pharmacy & Therapeutics (P&T) Committee	8/21/2025