



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	June 9, 2021

## **OXLUMO™ (lumasiran)**

**LENGTH OF AUTHORIZATION:** Up to one year

**REVIEW CRITERIA:**

- Patient must have a diagnosis of primary hyperoxaluria type 1 (PH1), confirmed by either a molecular or biochemical genetic test.
- Documentation of patient's weight.

**DOSING AND ADMINISTRATION:**

- Injection: 94.5 mg/0.5 mL single-dose vial
- Recommended weight-based dosing

<b>Body Weight</b>	<b>Loading Dose</b>	<b>Maintenance Dose (begin 1 month after the last loading dose)</b>
less than 10 kg	6 mg/kg once monthly for 3 doses	3 mg/kg once monthly
10 kg to less than 20 kg	6 mg/kg once monthly for 3 doses	6 mg/kg once every 3 months (quarterly)
20 kg and above	3 mg/kg once monthly for 3 doses	3 mg/kg once every 3 months (quarterly)