

# Oxlumo® (Lumasiran) and Rivfloza™ (Nedosiran)

**Policy Number:** 2024D0102G

**Effective Date:** April 1, 2024

[➔ Instructions for Use](#)

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Related Commercial Policy
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Community Plan Policy
<ul style="list-style-type: none"> <li><a href="#">Oxlumo® (Lumasiran)</a></li> </ul>

## Coverage Rationale

[➔ See Benefit Considerations](#)

Rivfloza (nedosiran) has been added to the Review at Launch program. Some members may not be eligible for coverage of this medication at this time. Refer to the Medical Benefit Drug Policy titled [Review at Launch for New to Market Medications](#) for additional details.

This policy provides information about the use of certain specialty pharmacy medications administered by either the subcutaneous (SC) or intravenous (IV) route by a healthcare professional (HCP).

**Oxlumo is proven for the treatment of primary hyperoxaluria type 1 (PH1) in patients who meet all of the following criteria:**

- For **initial therapy**, all of the following:
  - Diagnosis of PH1; **and**
  - Patient is not receiving Oxlumo in combination with Rivfloza (nedosiran); **and**
  - Dosing is in accordance with the United States Food and Drug Administration approved labeling; **and**
  - Initial authorization will be for no more than 12 months
- For **continuation of therapy**, all of the following:
  - Documentation of positive clinical response to Oxlumo; **and**
  - Patient is not receiving Oxlumo in combination with Rivfloza (nedosiran); **and**
  - Dosing is in accordance with the United States Food and Drug Administration approved labeling; **and**
  - Reauthorization will be for no more than 12 months

**Oxlumo is medically necessary for the treatment of PH1 in patients who meet all of the following criteria:**

- For **initial therapy**, all of the following:
  - Diagnosis of PH1 by, or in consultation with, a specialist (e.g., geneticist, nephrologist, urologist) with expertise in the diagnosis of PH1; **and**
  - Confirmation of the PH1 diagnosis based on **both** of the following:
    - Metabolic testing demonstrating **one** of the following:

- Increased urinary oxalate excretion [e.g. greater than 1 mmol/1.73 m<sup>2</sup> per day (90 mg/1.73 m<sup>2</sup> per day), increased urinary oxalate: creatinine ratio relative to normative values for age]; **or**
- Increased plasma oxalate and glyoxylate concentrations

**and**

- Genetic testing has confirmed a mutation in the alanine: glyoxylate aminotransferase (*AGT* or *AGXT*) gene

**and**

- Patient has not received a liver transplant; **and**
- Prescribed by, or in consultation with, a specialist (e.g., geneticist, nephrologist, urologist) with expertise in the treatment of PH1; **and**
- Dosing is in accordance with the United States Food and Drug Administration approved labeling; **and**
- Initial authorization will be for no more than 12 months
- For **continuation of therapy**, all of the following:
  - Submission of medical records (e.g., chart notes, laboratory values) documenting a positive clinical response to therapy from pre-treatment baseline (e.g., decreased urinary oxalate concentrations, decreased urinary oxalate: creatinine ratio, decreased plasma oxalate concentrations); **and**
  - Patient has not received a liver transplant; **and**
  - Prescribed by, or in consultation with, a specialist (e.g., geneticist, nephrologist, urologist) with expertise in the treatment of PH1; **and**
  - Dosing is in accordance with the United States Food and Drug Administration approved labeling; **and**
  - Reauthorization will be for no more than 12 months

**Rivfloza for provider administration is proven for the treatment of primary hyperoxaluria type 1 (PH1) in patients who meet all of the following criteria:**

- For **initial therapy**, all of the following:
  - Diagnosis of PH1; **and**
  - Patient is at least 9 years of age and older; **and**
  - Patient has relatively preserved kidney function (e.g., eGFR ≥ 30 mL/min/1.73 m<sup>2</sup>) ; **and**
  - Patient is not receiving Rivfloza in combination with Oxlumio; **and**
  - Dosing is in accordance with the United States Food and Drug Administration approved labeling; **and**
  - Initial authorization will be for no more than 12 months
- For **continuation of therapy**, all of the following:
  - Documentation of positive clinical response to Rivfloza; **and**
  - Patient has relatively preserved kidney function (e.g., eGFR ≥ 30 mL/min/1.73 m<sup>2</sup>) ; **and**
  - Patient is not receiving Rivfloza in combination with Oxlumio (lumasiran); **and**
  - Dosing is in accordance with the United States Food and Drug Administration approved labeling; **and**
  - Reauthorization will be for no more than 12 months

**Rivfloza for provider administration is medically necessary for the treatment of PH1 in patients who meet all of the following criteria:**

- For **initial therapy**, all of the following:
    - Diagnosis of PH1 by, or in consultation with, a specialist (e.g., geneticist, nephrologist, urologist) with expertise in the diagnosis of PH1; **and**
    - Confirmation of the PH1 diagnosis based on **both** of the following:
      - Metabolic testing demonstrating **one** of the following:
        - Increased urinary oxalate excretion [e.g. greater than 1 mmol/1.73 m<sup>2</sup> per day (90 mg/1.73 m<sup>2</sup> per day), increased urinary oxalate: creatinine ratio relative to normative values for age]; **or**
        - Increased plasma oxalate and glyoxylate concentrations
  - Genetic testing has confirmed a mutation in the alanine: glyoxylate aminotransferase (*AGT* or *AGXT*) gene
- Patient has not received a liver transplant; **and**
- Patient is at least 9 years of age and older; **and**
- Patient has relatively preserved kidney function (e.g., eGFR ≥ 30 mL/min/1.73 m<sup>2</sup>); **and**

- History of failure, contraindication, or intolerance to Oxlumio (lumasiran) (for Medicare reviews, refer to the [CMS](#) section\*); **and**
- Patient is not receiving Rivfloza in combination with Oxlumio (lumasiran); **and**
- Prescribed by, or in consultation with, a specialist (e.g., geneticist, nephrologist, urologist) with expertise in the treatment of PH1; **and**
- Dosing is in accordance with the United States Food and Drug Administration approved labeling; **and**
- Initial authorization will be for no more than 12 months
- For **continuation of therapy**, all of the following:
  - Submission of medical records (e.g., chart notes, laboratory values) documenting a positive clinical response to therapy from pre-treatment baseline (e.g., decreased urinary oxalate concentrations, decreased urinary oxalate: creatinine ratio, decreased plasma oxalate concentrations); **and**
  - Patient has not received a liver transplant; **and**
  - Patient has relatively preserved kidney function (e.g., eGFR  $\geq$  30 mL/min/1.73 m<sup>2</sup>); **and**
  - Patient is not receiving Rivfloza in combination with Oxlumio (lumasiran); **and**
  - Prescribed by, or in consultation with, a specialist (e.g., geneticist, nephrologist, urologist) with expertise in the treatment of PH1; **and**
  - Dosing is in accordance with the United States Food and Drug Administration approved labeling; **and**
  - Reauthorization will be for no more than 12 months

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPSC Code	Description
C9399	Unclassified drugs or biologicals
J0224	Injection, lumasiran, 0.5 mg
J3490	Unclassified drugs

Diagnosis Code	Description
E72.53	Primary hyperoxaluria

## Background

Primary hyperoxaluria (PH) is a rare inborn error of glyoxylate metabolism characterized by the overproduction of oxalate, which is deposited as calcium oxalate in various organs. In particular, the kidney is a prime target for oxalate deposition, as excessive urinary excretion of oxalate may lead to end-stage renal disease (ESRD). PH is primarily caused by autosomal recessive enzymatic defects in pathways of glyoxylate metabolism that result in enhanced oxalate production. PH type 1 (approximately 80 percent of cases) is due to mutations of hepatic peroxisomal enzyme alanine: glyoxylate aminotransferase (AGT). Liver transplantation is the only curative intervention for PH type 1 as it corrects the underlying enzymatic defect due to mutations of the *AGXT* gene.

Lumasiran reduces levels of glycolate oxidase (GO), an enzyme responsible for the metabolism of glycolate to glyoxylate and glyoxalate to oxalate, by targeting the hydroxyacid oxidase 1 (HAO1) messenger ribonucleic acid (mRNA) in hepatocytes through RNA interference. Decreased GO enzyme levels reduce the amount of available glyoxylate, a substrate for oxalate production.

Nedosiran reduces levels of hepatic lactate dehydrogenase (LDH) via the degradation of LDHA messenger ribonucleic acid (mRNA) in hepatocytes through RNA interference. The reduction of hepatic LDH by nedosiran reduces the production of oxalate by the liver, thereby reducing subsequent oxalate burden.

## Benefit Considerations

Some Certificates of Coverage allow for coverage of experimental/investigational/unproven treatments for life-threatening illnesses when certain conditions are met. The member specific benefit plan document must be consulted to make coverage decisions for this service. Some states mandate benefit coverage for off-label use of medications for some diagnoses or under some circumstances when certain conditions are met. Where such mandates apply, they supersede language in the benefit document or in the medical or drug policy. Benefit coverage for an otherwise unproven service for the treatment of serious rare diseases may occur when certain conditions are met. Refer to the Policy and Procedure addressing the treatment of serious rare diseases.

## Clinical Evidence

### Lumasiran

The efficacy of lumasiran was established in a pivotal placebo-controlled and open-label clinical studies (ILLUMINATE-A, ILLUMINATE-B, and a phase 1/2 study) in 77 patients with PH1 (including 56 pediatric patients). Patients ranged in age from 4 months to 61 years at first dose. The median duration of exposure was 9.1 months (range 1.9 to 21.7 months). Overall, 58 patients were treated for at least 6 months, and 18 patients for at least 12 months.

A phase 1/2 study evaluated lumasiran at multiple doses in a single blind, randomized, placebo-controlled trial in 20 patients with PH1. Patients were randomized 3:1 to receive lumasiran and all patients received lumasiran in the open-label extension phase. After a median of 7 months on lumasiran, patients experienced a 66% mean reduction of urinary oxalate content from baseline. Among patients receiving 3.0 mg/kg monthly or quarterly doses of lumasiran, 10/12 (83%) achieved urinary oxalate levels within the normal range.

ILLUMINATE-A was a randomized, double-blind trial comparing lumasiran and placebo in 39 patients  $\geq 6$  years of age with PH1 and an eGFR  $\geq 30$  mL/min/1.73 m<sup>2</sup> (ILLUMINATE-A; NCT03681184). Patients received 3 loading doses of 3 mg/kg lumasiran (n = 26) or placebo (n = 13) administered once monthly, followed by quarterly maintenance doses of 3 mg/kg lumasiran or placebo. The primary endpoint from ILLUMINATE A was the percent reduction from baseline in 24-hour urinary oxalate excretion corrected for BSA averaged over months 3 through 6. The LS mean percent change from baseline in 24-hour urinary oxalate in the lumasiran group was -65% (95% CI: -71, -59) compared with -12% (95% CI: -20, -4) in the placebo group, resulting in a between-group LS mean difference of 53% (95% CI: 45, 62; p < 0.0001). By Month 6, 52% (95% CI: 31, 72) of patients treated with lumasiran achieved a normal 24-hour urinary oxalate corrected for BSA ( $\leq 0.514$  mmol/24 hr/1.73 m<sup>2</sup>) compared to 0% (95% CI: 0, 25) placebo-treated patients (p = 0.001).

ILLUMINATE-B was a single-arm study in 18 patients < 6 years of age with PH1 and an eGFR > 45 mL/min/1.73 m<sup>2</sup> for patients  $\geq 12$  months of age or a normal serum creatinine for patients < 12 months of age (ILLUMINATE-B; NCT03905694). The median age was 47 months (range 4 to 74 months). The primary endpoint was the percent reduction from baseline in spot urinary oxalate: creatinine ratio averaged over months 3 through 6. Patients treated with lumasiran achieved a reduction in spot urinary oxalate: creatinine ratio from baseline of 71% (95% CI: 65, 77).

The approval of lumasiran for the expanded indication to include lowering of plasma oxalate levels was based on ILLUMINATE-C, a single-arm study in 21 patients with PH1, including patients on hemodialysis. Cohort A included 6 patients who did not require dialysis at the time of study enrollment. Cohort B included 15 patients who were on a stable regimen of hemodialysis. The primary endpoint was the percent change in plasma oxalate from baseline to month 6 for Cohort A and the percent change in pre-dialysis plasma oxalate from baseline to month 6 for Cohort B. The percent change from baseline to month 6 in plasma oxalate levels in Cohort A was a least-squares (LS) mean difference of -33% (95% CI: -82, 15) and in Cohort B it was -42% (95% CI: -51, -34).

## Nedosiran

The efficacy of nedosiran was established in a randomized, double-blind trial (PHOX2) comparing nedosiran and placebo in patients aged 6 years or older with PH1 or PH2 and an eGFR  $\geq 30$  mL/min/1.73 m<sup>2</sup> (NCT03847909). Too few PH2 patients were enrolled to evaluate efficacy in the PH2 population. Therefore, nedosiran is only indicated for patients with PH1. Patients received monthly doses of nedosiran (n = 23) or placebo (n = 12). The nedosiran dose for patients at least 12 years of age weighing at least 50 kg was 160 mg, for patients at least 12 years of age weighing less than 50 kg was 128 mg, and for children 6 to 11 years of age was 3.3 mg/kg (to a maximum of 128 mg). The median age was 20 years (range 9-46 years), 51% were female, 71% were White, 17% were Asian, 83% had PH1, and 17% had PH2. At baseline, mean 24-hour urinary oxalate excretion, normalized by 1.73 m<sup>2</sup> BSA in patients less than 18 years of age, was 1547  $\mu$ mol/24-hour. Mean plasma oxalate was 8.2  $\mu$ mol/L, 43% of patients had an eGFR  $\geq 90$  mL/min/1.73 m<sup>2</sup>, 34% had an eGFR 60 to  $< 90$  mL/min/1.73 m<sup>2</sup>, 23% had an eGFR 30 to  $< 60$  mL/min/1.73 m<sup>2</sup>, and 60% were taking pyridoxine. The primary efficacy endpoint was the area under the curve, from Days 90 to 180, of the percent change from baseline in 24-hour urinary oxalate excretion (AUC24-hour Uox). The least-squares (LS) mean AUC24-hour Uox was -3486 (95% CI: -5025, -1947) in the nedosiran group compared to 1490 (95% CI: 781, 3761) in the placebo group, for a between group difference of 4976 (95% CI: 2803, 7149; p < 18 years of age) averaged over Days 90, 120, 150 and 180, was -37% (95% CI: -53%, -21%) in the nedosiran group and 12% (95% CI: -12%, 36%) in the placebo group, for a between group difference of 49% (95% CI: 26%, 72%). Among patients with PH1, the between group difference was 56% (95% CI: 33%, 80%).

After 6 months of treatment, patients could enroll in an ongoing single-arm extension study, PHYOX3, in which all patients were treated with nedosiran. The reduction in urinary oxalate was maintained in the 13 patients with PH1 who received an additional 6 months of treatment in PHYOX3.

## U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Oxlumo (lumasiran) is an HAO1-directed small interfering ribonucleic acid (siRNA) indicated for the treatment of primary hyperoxaluria type 1 (PH1) to lower urinary and plasma oxalate levels in pediatric and adult patients.

Rivfloza (nedosiran) is an LDHA-directed small interfering RNA (siRNA) 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  $\geq 30$  mL/min/1.73 m<sup>2</sup>.

## Centers for Medicare and Medicaid Services (CMS)

Medicare does not have a National Coverage Determination (NCD) for Oxlumo<sup>®</sup> (lumasiran) and Rivfloza<sup>™</sup> (nedosiran). Local Coverage Determinations (LCDs)/Local Coverage Articles do not exist at this time.

In general, Medicare provides coverage for outpatient (Part B) drugs that are furnished “incident to” a physician’s service provided that the drugs are not usually self-administered by the patients who take them. Refer to the [Medicare Benefit Policy Manual, Chapter 15, §50 - Drugs and Biologicals](#). (Accessed March 7, 2024)

## References

1. Oxlumo [package insert]. Cambridge, MA: Alnylam Pharmaceuticals, Inc.; September 2023.
2. Cochat P, Hulton SA, Acquaviva C, et al. Primary Hyperoxaluria Type 1: Indications For Screening And Guidance For Diagnosis And Treatment. *Nephrol Dial Transplant* 2012; 27:1729.
3. Hoppe B, Beck BB, Milliner DS. The primary hyperoxalurias. *Kidney Int* 2009; 75:1264.
4. Niaudet P. Primary Hyperoxaluria. In: UpToDate, Mattoo TK, Kim MS, (Ed), UpToDate, Waltham, MA, 2020.
5. A Phase 1/2 Trial Of Lumasiran (ALN-GO1), An Investigational RNA Interference (RNAi) Therapeutic, For Primary Hyperoxaluria Type 1. ESPN Annual Meeting. Antalya, Turkey. 4 October 2018.

6. A Study to Evaluate Lumasiran in Children and Adults With Primary Hyperoxaluria Type 1 (ILLUMINATE-A). Clinicaltrials.gov website <https://clinicaltrials.gov/ct2/show/NCT03681184?term=lumasiran&draw=2&rank=4>. Accessed December 1, 2020.
7. A Study of Lumasiran in Infants and Young Children With Primary Hyperoxaluria Type 1 (ILLUMINATE-B). Clinicaltrials.gov website <https://clinicaltrials.gov/ct2/show/NCT03905694?term=lumasiran&draw=2&rank=2>. Accessed December 1, 2020.
8. A Study to Evaluate Lumasiran in Patients With Advanced Primary Hyperoxaluria Type 1 (ILLUMINATE-C). Clinicaltrials.gov website <https://clinicaltrials.gov/ct2/show/NCT04152200?term=lumasiran&draw=2&rank=1>. Accessed October 11, 2022.
9. Rivfloza [package insert]. Plainsboro, NJ: Novo Nordisk, Inc.; September 2023.
10. Baum MA, Langman C, Cochat P, et al. PHYOX2: a pivotal randomized study of nedosiran in primary hyperoxaluria type 1 or 2. *Kidney Int.* 2023;103(1):207-217. doi:10.1016/j.kint.2022.07.025.
11. Long term extension study in patients with primary hyperoxaluria (PHYOX3). ClinicalTrials.gov website Accessed March 6, 2024.

## Policy History/Revision Information

Date	Summary of Changes
04/01/2024	<p><b>Title Change</b></p> <ul style="list-style-type: none"> <li>• Previously titled <i>Oxlumo</i>® (<i>Lumasiran</i>)</li> </ul> <p><b>Coverage Rationale</b></p> <ul style="list-style-type: none"> <li>• Added language to indicate: <ul style="list-style-type: none"> <li>○ This policy provides information about the use of certain specialty pharmacy medications administered by either the subcutaneous (SC) or intravenous (IV) route by a healthcare professional (HCP)</li> </ul> </li> </ul> <p><b>Oxlumo</b></p> <ul style="list-style-type: none"> <li>○ Oxlumo is <b>proven</b> for the treatment of primary hyperoxaluria type 1 (PH1) <i>in patients who meet all of the following criteria:</i></li> </ul> <p><b>Initial Therapy</b></p> <ul style="list-style-type: none"> <li>▪ Diagnosis of PH1</li> <li>▪ Patient is not receiving Oxlumo in combination with Rivfloza (nedosiran)</li> <li>▪ Dosing is in accordance with the United States Food and Drug Administration (U.S. FDA) approved labeling</li> <li>▪ Initial authorization will be for no more than 12 months</li> </ul> <p><b>Continuation of Therapy</b></p> <ul style="list-style-type: none"> <li>▪ Documentation of positive clinical response to Oxlumo</li> <li>▪ Patient is not receiving Oxlumo in combination with Rivfloza (nedosiran)</li> <li>▪ Dosing is in accordance with the U.S. FDA approved labeling</li> <li>▪ Reauthorization will be for no more than 12 months</li> </ul> <p><b>Rivfloza</b></p> <ul style="list-style-type: none"> <li>○ Rivfloza (nedosiran) has been added to the Review at Launch program and some members may not be eligible for coverage of this medication at this time; refer to the Medical Benefit Drug Policy titled <i>Review at Launch for New to Market Medications</i> for additional details</li> <li>○ Rivfloza for provider administration is <b>proven</b> for the treatment of primary hyperoxaluria type 1 (PH1) in patients who meet all of the following criteria:</li> </ul> <p><b>Initial Therapy</b></p> <ul style="list-style-type: none"> <li>▪ Diagnosis of PH1</li> <li>▪ Patient is at least 9 years of age and older</li> <li>▪ Patient has relatively preserved kidney function (e.g., eGFR ≥ 30 mL/min/1.73 m<sup>2</sup>)</li> <li>▪ Patient is not receiving Rivfloza in combination with Oxlumo</li> <li>▪ Dosing is in accordance with the U.S. FDA approved labeling</li> <li>▪ Initial authorization will be for no more than 12 months</li> </ul> <p><b>Continuation of Therapy</b></p> <ul style="list-style-type: none"> <li>▪ Documentation of positive clinical response to Rivfloza</li> </ul>

Date	Summary of Changes
	<ul style="list-style-type: none"> <li>▪ Patient has relatively preserved kidney function (e.g., eGFR <math>\geq</math> 30 mL/min/1.73 m<sup>2</sup>)</li> <li>▪ Patient is not receiving Rivfloza in combination with Oxlumo (lumasiran)</li> <li>▪ Dosing is in accordance with the U.S. FDA approved labeling</li> <li>▪ Reauthorization will be for no more than 12 months</li> </ul> <p>○ Rivfloza for provider administration is <b>medically necessary</b> for the treatment of PH1 in patients who meet all of the following criteria:</p> <p><b>Initial Therapy</b></p> <ul style="list-style-type: none"> <li>▪ Diagnosis of PH1 by, or in consultation with, a specialist (e.g., geneticist, nephrologist, urologist) with expertise in the diagnosis of PH1</li> <li>▪ Confirmation of the PH1 diagnosis based on both of the following: <ul style="list-style-type: none"> <li>– Metabolic testing demonstrating <b>one</b> of the following: <ul style="list-style-type: none"> <li>• Increased urinary oxalate excretion [e.g. greater than 1 mmol/1.73 m<sup>2</sup> per day (90 mg/1.73 m<sup>2</sup> per day), increased urinary oxalate: creatinine ratio relative to normative values for age]</li> <li>• Increased plasma oxalate and glyoxylate concentrations</li> </ul> </li> <li>– Genetic testing has confirmed a mutation in the alanine: glyoxylate aminotransferase (<i>AGT</i> or <i>AGXT</i>) gene</li> </ul> </li> <li>▪ Patient has not received a liver transplant</li> <li>▪ Patient is at least 9 years of age and older</li> <li>▪ Patient has relatively preserved kidney function (e.g., eGFR <math>\geq</math> 30 mL/min/1.73 m<sup>2</sup>)</li> <li>▪ History of failure, contraindication, or intolerance to Oxlumo (lumasiran)</li> <li>▪ Patient is not receiving Rivfloza in combination with Oxlumo (lumasiran)</li> <li>▪ Prescribed by, or in consultation with, a specialist (e.g., geneticist, nephrologist, urologist) with expertise in the treatment of PH1</li> <li>▪ Dosing is in accordance with the U.S. FDA approved labeling</li> <li>▪ Initial authorization will be for no more than 12 months</li> </ul> <p><b>Continuation of Therapy</b></p> <ul style="list-style-type: none"> <li>▪ Submission of medical records (e.g., chart notes, laboratory values) documenting a positive clinical response to therapy from pre-treatment baseline (e.g., decreased urinary oxalate concentrations, decreased urinary oxalate: creatinine ratio, decreased plasma oxalate concentrations)</li> <li>▪ Patient has not received a liver transplant</li> <li>▪ Patient has relatively preserved kidney function (e.g., eGFR <math>\geq</math> 30 mL/min/1.73 m<sup>2</sup>)</li> <li>▪ Patient is not receiving Rivfloza in combination with Oxlumo (lumasiran)</li> <li>▪ Prescribed by, or in consultation with, a specialist (e.g., geneticist, nephrologist, urologist) with expertise in the treatment of PH1</li> <li>▪ Dosing is in accordance with the U.S. FDA approved labeling</li> <li>▪ Reauthorization will be for no more than 12 months</li> </ul> <p><b>Applicable Codes</b></p> <ul style="list-style-type: none"> <li>• Added HCPCS codes C9399 and J3490</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>• Updated <i>Background, Clinical Evidence, FDA, CMS, and References</i> sections to reflect the most current information</li> <li>• Archived previous policy version 2023D0102F</li> </ul>

## Instructions for Use

This Medical Benefit Drug Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates.

UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Benefit Drug Policy is provided for informational purposes. It does not constitute medical advice.

This Medical Benefit Drug Policy may also be applied to Medicare Advantage plans in certain instances. In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

UnitedHealthcare may also use tools developed by third parties, such as the InterQual<sup>®</sup> criteria, to assist us in administering health benefits. UnitedHealthcare Medical Benefit Drug Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.