For adults and children aged 2 years and older with primary hyperoxaluria type 1 (PH1) and relatively preserved kidney function, eg, eGFR ≥30 mL/min/1.73 m²

Choose Rivfloza®: the route that delivers durable control of urinary oxalate[1]

Rivfloza® significantly reduces urinary oxalate levels so your **patients with PH1** can look forward to the journey ahead.[1]

Actor portrayals.

eGFR=estimated glomerular filtration rate; UOx=urinary oxalate.

Indication and Usage

Rivfloza® is indicated to lower urinary oxalate levels in children 2 years of age and older and adults with primary hyperoxaluria type 1 (PH1) and relatively preserved kidney function, eg, eGFR ≥30 mL/min/1.73 m².

IMPORTANT SAFETY INFORMATION

Adverse Reactions

Most common adverse reactions (reported in ≥20% of patients) are injection site reactions, which include erythema, pain, bruising, and rash.

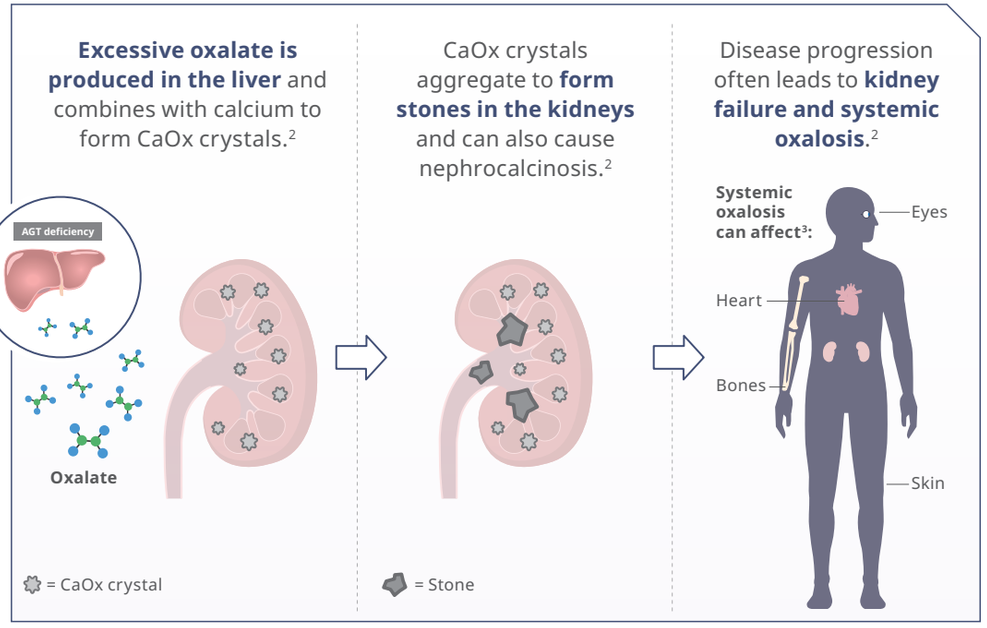
Please click here for Prescribing Information.

rivfloza®
(nedosiran) injection
80mg, 128mg, 160mg

PH1 Overview

PH1 leads to progressive kidney damage and may result in life-threatening systemic disease[2]

- PH1 is a rare genetic disorder **caused by mutations in the *AGXT* gene**, resulting in deficiency of the AGT enzyme[2,3]
- PH1 can present at **any age and affects children and adults**[3,4]
- More than half of patients with PH1 **develop ESKD by age 40**[5]



IN A STUDY

70% of patients with PH required a **kidney stone removal surgery at least once**, with many patients requiring multiple stone removal procedures[6]

AGT=alanine-glyoxylate aminotransferase; CaOx=calcium oxalate; ESKD=end-stage kidney disease.

Early intervention in PH1 is critical and may delay renal deterioration[7]

PH1 progression is unpredictable; therefore, it should be treated early and monitored continuously.[2,7]

Even in the absence of stones, elevated oxalate levels and oxalate buildup can cause progressive kidney damage that can lead to nephrocalcinosis and ESKD[4]

Most current standard of care approaches do not address the underlying cause of oxalate overproduction in PH1.[2]

Hyperhydration can be intense, uncomfortable, and difficult to maintain.[2]

Pyridoxine (vitamin B6) supplementation is only effective in reducing UOx levels in a subset of PH1 patients.[2]

Stone removal surgeries can cause unintended consequences.[8] They often are only a temporary solution to a chronic problem and do not address the underlying cause of oxalate overproduction.[2,4]

Conventional dialysis often cannot remove enough oxalate to prevent PH1 disease progression, requiring increased treatment time and frequency.[2]

Dual liver-kidney transplant may eventually be required for patients with advanced CKD.[2]

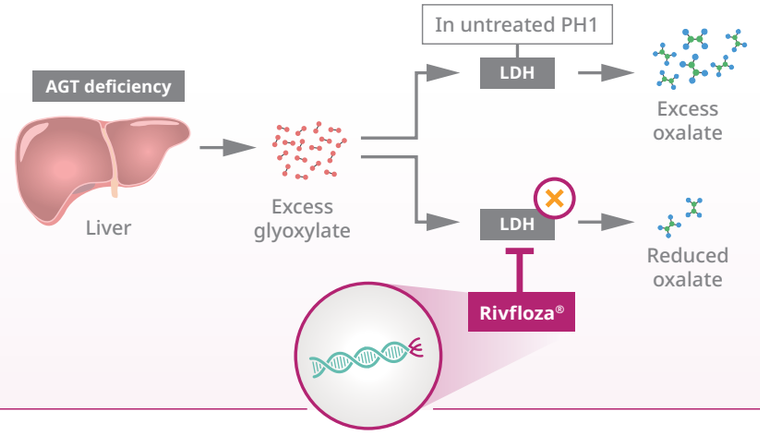
CKD=chronic kidney disease.

For adults and children aged 2 years and older with PH1

Rivfloza® is the only treatment that directly targets the final step in oxalate synthesis[2]

Rivfloza® is an RNAi therapy for PH1 that harnesses a natural biological process[9]

- **In PH1,** AGT enzyme deficiency leads to a **buildup of glyoxylate, which is then converted to excess oxalate** by the hepatic LDH enzyme[2]
- **Rivfloza® inhibits expression of hepatic LDH**[1] —the enzyme responsible for the final step of oxalate overproduction in PH1[2]
- **Rivfloza® significantly reduces UOx excretion**[1]



LDH=lactate dehydrogenase; RNAi=RNA interference.

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Rivfloza® offers your patients self-administered, once-monthly dosing[1]

At-home self-administration[1]

After proper training:

- Rivfloza® can be self-administered or caregiver-administered at home via single-dose prefilled syringe or vial[1]
- For children aged 2 to less than 12 years, Rivfloza® may be administered by a caregiver under the guidance and supervision of a healthcare professional[1]

Monthly dosing[1]

- Rivfloza® is administered once monthly via subcutaneous injection at the recommended weight- and age-based dose
- No loading dose or titration schedule required

Dosing regimen for Rivfloza® determined by age and body weight[1]

Age	Body weight	Preparation
2 to less than 12 years	Less than 86 lbs (Less than 39 kg)	**Single-dose vial** 3.3 mg/kg once monthly, not to exceed 128 mg (dose volume rounded to nearest 0.1 mL) 
	86 to less than 110 lbs (39 to less than 50 kg)	**Single-dose prefilled syringe** 128 mg (0.8 mL) once monthly 
	110 lbs and above (50 kg and above)	**Single-dose prefilled syringe** 160 mg (1 mL) once monthly 
12 years and older	Less than 110 lbs (Less than 50 kg)	**Single-dose prefilled syringe** 128 mg (0.8 mL) once monthly 
	110 lbs and above (50 kg and above)	**Single-dose prefilled syringe** 160 mg (1 mL) once monthly 

The PHYOX™2 pivotal study evaluated the efficacy of Rivfloza® in patients 9 and older[1]

PHYOX™2 was a randomized, double-blind, placebo-controlled study of 35 patients aged ≥6 years with PH1 (n=29) or PH2 (n=6) and eGFR ≥30 mL/min/1.73 m².[1]

Too few PH2 patients were enrolled to evaluate efficacy in the PH2 population. Therefore, Rivfloza® is only indicated in patients with PH1.[1]

Study design: Randomized, placebo-controlled

2:1 randomization[10]

Rivfloza® (n=23) **dosed monthly**

Placebo (n=12) **dosed monthly**

Primary endpoint[1]:
Percent change from baseline in 24-hour UOx[a] excretion from Day 90 to Day 180 (LS mean assessed by area under the curve 24-hour UOx [$AUC_{24\text{-hour UOx}}$])

Baseline characteristics[10]	Rivfloza® n=23	Placebo n=12
Median age (range)	20.0 (9,46)	20.5 (10,41)
PH1 n (%)	18 (78.3)	11 (91.7)
PH2 n (%)	5 (21.7)	1 (8.3)
Baseline mean 24-hour UOx, mmol/24 h (SD)	1.33 (0.47)	1.96 (0.71)
Median eGFR, mL/min/1.73 m² (range)	86.0 (35,197)	77.0 (44,131)
Prior treatment with pyridoxine n (%)	12 (52.2)	9 (75.0)

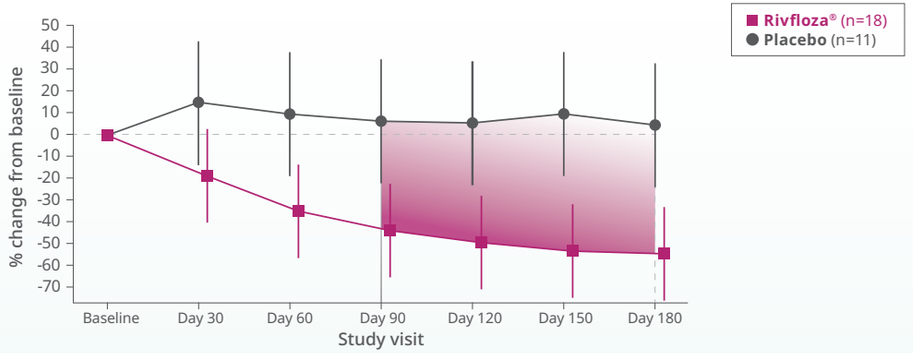
[a]24-hour UOx values were adjusted by 1.73 m² BSA in patients aged <18 years.[1]
BSA=body surface area; LS=least squares; PH2=primary hyperoxaluria type 2; SD=standard deviation.

Rivfloza® delivered rapid and durable control of 24-hour UOx[1]

Primary endpoint: In patients with PH1 or PH2, the LS mean $AUC_{24\text{-hour UOx}}$ in the Rivfloza® arm (n=23) was -3486 vs 1490 in the placebo arm (n=12), resulting in an LS mean difference of 4976 (95% CI: 2803, 7149; *P*<0.0001).[1]

56% **difference in LS mean percent change in UOx from baseline compared to placebo**, measured monthly from Day 90 to Day 180 **in patients with PH1** (95% CI: 33%, 80%)[1]

Change from baseline in 24-hour UOx in patients with PH1[12]



24-hour UOx values were adjusted by 1.73 m² BSA in patients aged <18 years.[1]
Results are plotted as mean (95% CI) percent change from baseline.[11] Visits are shown slightly offset for visibility.

In PHYOX™3—an ongoing, single-arm extension study—the **reduction in UOx was maintained in 100%** of the patients with PH1 (n=13) who received an additional 6 months of Rivfloza® treatment.[1]

CI=confidence interval.

IMPORTANT SAFETY INFORMATION

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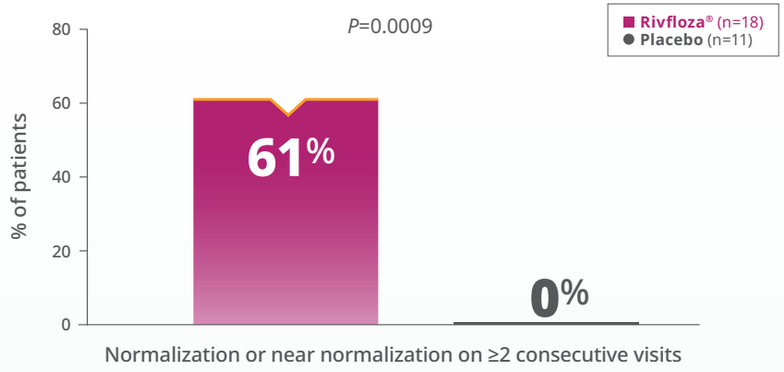
Rivfloza® reduced UOx to normal or near-normal levels in the majority of patients with PH1[12]

Patients who achieved normalization or near normalization of 24-hour UOx on ≥2 consecutive visits between Day 90 and Day 180 in patients with PH1[12]



Patients who received placebo had higher mean baseline UOx levels.[10]

24-hour urine samples were collected and evaluated every 30 days to ensure UOx levels remained normalized (<0.46 mmol/24 hours) or near normalized (≥0.46 mmol/24 hours to <0.60 mmol/24 hours) between ≥2 consecutive visits.[10]

Near normal (or normal) UOx excretion was defined as <1.3 x ULN.[10]

76% of patients with PH1 treated with Rivfloza® (n=17[a]) had **normal or near-normal** 24-hour UOx at **Day 180**[12]

[a]Percentage is based on the number of participants in the ITT PH1 population with 24-hour UOx meeting completeness criteria.[12]

ITT=intent to treat; ULN=upper limit of normal.

Stone assessment in patients with PH1 treated with Rivfloza®

Prespecified secondary endpoint: In a post hoc analysis, **summed kidney stone surface area was measured at Day 180** via kidney ultrasound.[10]

Median percent change in summed kidney stone surface area (mm^2) from baseline to Day 180 in patients with PH1[10]

Rivfloza® (n=13)	Placebo (n=10)
-17.9	+5.6

Exploratory endpoint: In a post hoc analysis, the annualized stone event rate was studied.[12]

Annualized kidney stone event rate in patients with PH1[12]

Rivfloza® (n=18)	Placebo (n=11)
0.564	1.275

Limitations: These subanalyses were included in the study as exploratory endpoints and not adjusted for multiplicity or powered to determine statistical significance.

There was no prespecified statistical analysis for controlling for false positive rate when conducting multiple analyses, and alpha was not allocated. No efficacy conclusions can be drawn from these analyses.

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EFFICACY - PHYOX™2

PHYOX™ 8

The PHYOX™8 study evaluated the efficacy of Rivfloza® in younger pediatric patients (aged 2 to less than 12)[1]

PHYOX™8 was a single-arm open-label multicenter study that included patients 2 years of age to less than 12 years of age with PH1 and an eGFR ≥30 mL/min/1.73 m².[1]

Study design: Single-arm

All patients received Rivfloza®[1]

- **Children from 2 to <6** (n=8)
- **Children from 6 to <9** (n=5)
- **Children from 9 to 11** (n=2)

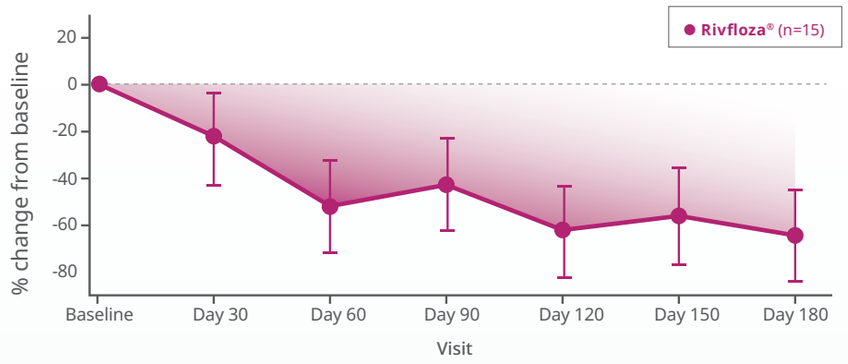
Primary endpoint[1]:
The primary endpoint was the percent change from baseline in spot urinary oxalate:creatinine ratio at month 6.

Baseline characteristics[1,11]	Rivfloza® n=15
Median age (range)	5 (2,10)
Baseline mean spot urinary oxalate:creatinine ratio, mmol/mmol (SD)	0.36 (0.2)
Median eGFR, mL/min/1.73 m²	78

A substantial reduction in UOx was observed in pediatric patients in the PHYOX™8 study[1]

64% **mean reduction in spot urinary oxalate:creatinine ratio** was observed in patients treated with Rivfloza® at month 6 relative to baseline (95% CI: 44, 84)[1]

Change from baseline in spot urinary oxalate:creatinine ratio[1]



Results are plotted as mean (95% CI) percent change from baseline by month.[1]

After 6 months of treatment in PHYOX™8, patients could enroll in an ongoing single-arm extension study, PHYOX™3. The **reduction in urinary oxalate:creatinine ratio was maintained in 100%** of the patients (n=8) who received an additional 6 months of treatment in PHYOX™3.[1]

IMPORTANT SAFETY INFORMATION

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Most common adverse reactions (reported in ≥20% of patients) are injection site reactions, which include erythema, pain, bruising, and rash.

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Rivfloza® was safe and well-tolerated

No serious treatment-related adverse events in patients with PH1 who received Rivfloza® in the clinical studies[1,11]

Actor portrayals.

Most common adverse reactions reported in ≥20% of patients were injection site reactions (ISRs)[1]

Adverse reaction	Rivfloza® (n=18) n (%)	Placebo (n=11) n (%)
ISRs in **PHYOX™2**	7 (39)	0 (0)

Adverse reaction	Rivfloza® (n=15) n (%)
ISRs in **PHYOX™8**	2 (13)

- ISRs included erythema, pain, bruising, and rash and were generally mild and **did not lead to discontinuation of treatment**[1]
- Across all clinical studies, Rivfloza® did not induce or boost ADAs. Among 79 patients tested with an ADA assay, none developed treatment-emergent ADAs[1]

ADA=antidrug antibody.

NovoCare® helps patients start and stay on therapy as prescribed

Once a Patient Enrollment Form (PEF) is submitted, a NovoCare® Case Manager assists with insurance access and coverage. Case Managers help to ensure proper paperwork and documentation are submitted and are the go-to experts to help understand the range of services offered, including:

Benefit verification
HCPs can request a benefit verification by completing the PEF and sending it to NovoCare®.

Live support for patients
Once enrolled, every patient is assigned a dedicated Patient Liaison. They will be the patient's primary contact for support throughout their treatment journey.

Prior authorization (PA) assistance
Helps navigate the insurance process by obtaining the payer requirements for the PA process.

Injection training
Professionals will provide live, in-person or virtual injection training for Rivfloza®.

Appeals assistance
Should a patient's insurance deny coverage, NovoCare® can assist by providing support and information about the appeals process.

JumpStart™
Provides limited free product to eligible patients who are experiencing a gap or delay in getting insurance coverage.

Co-pay assistance
A savings offer provides financial assistance to eligible patients.

Patient Assistance Program (PAP)
Supports eligible patients prescribed Novo Nordisk medications free of charge.

References: 1. Rivfloza® [package insert]. Plainsboro, NJ: Novo Nordisk Inc. **2.** Groothoff JW, Metry E, Deesker L, et al. Clinical practice recommendations for primary hyperoxaluria: an expert consensus statement from ERKNet and OxalEurope. *Nat Rev Nephrol*. 2023;19(3):194-211. **3.** Cochat P, Rumsby G. Primary hyperoxaluria. *N Engl J Med*. 2013;369(7):649-658. **4.** Milliner DS, Harris PC, Sas DJ, et al. Primary hyperoxaluria type 1. *GeneReviews®*. 2022. Accessed April 14, 2025. https://www.ncbi.nlm.nih.gov/books/NBK1283 **5.** Hopp K, Cogal AG, Bergstralh EJ, et al; Rare Kidney Stone Consortium. Phenotype-genotype correlations and estimated carrier frequencies of primary hyperoxaluria. *J Am Soc Nephrol*. 2015;26(10):2559-2570. **6.** Tang X, Bergstralh EJ, Mehta RA, et al. Nephrocalcinosis is a risk factor for kidney failure in primary hyperoxaluria. *Kidney Int*. 2015;87(3):623-631. **7.** Fargue S, Harambat J, Gagnadoux M-F, et al. Effect of conservative treatment on the renal outcome of children with primary hyperoxaluria type 1. *Kidney Int*. 2009;76(7):767-773. **8.** Khan SR, Pearle MS, Robertson WG, et al. Kidney stones. *Nat Rev Dis Primers*. 2016;2:16008. **9.** Ariceta G, Barrios K, Brown BD, et al. Hepatic lactate dehydrogenase A: an RNA interference target for the treatment of all known types of primary hyperoxaluria. *Kidney Int Rep*. 2021;6(4):1088-1098. **10.** Baum MA, Langman C, Cochat P, et al; PHYOX2 study investigators. PHYOX2: a pivotal randomized study of nedosiran in primary hyperoxaluria type 1 or 2. *Kidney Int*. 2023;103(1):207-217. **11.** Sas DJ, Bakkaloglu SA, Belostotsky V, et al; Nedosiran in pediatric patients with PH1 and relatively preserved kidney function, a phase 2 study (PHYOX8). *Pediatr Nephrol*. (2025). doi:10.1007/s00467-025-06675-8 **12.** Data on file. Plainsboro, NJ: Novo Nordisk Inc.

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For adults and children aged 2 years and older with PH1

Once-monthly Rivfloza® is designed to deliver durable urinary oxalate control[1]

The only treatment for PH1 that specifically **interrupts the final step in oxalate synthesis** by directly targeting hepatic LDH[2]

In PHYOX™2, Rivfloza® demonstrated a **56% difference in percent change in UOx from baseline** compared to placebo and brought UOx levels to normal or near normal in **76% of patients with PH1**[1,12,a]

In PHYOX™8, Rivfloza® demonstrated a **64% mean reduction in spot urinary oxalate:creatinine ratio** at month 6 relative to baseline[1,11]

Safe and well tolerated; no serious treatment-related adverse events in pediatric or adult patients with PH1 in the pivotal trials[1,11]

At-home, self-administered, or caregiver-administered dosing[1,b]

LEARN MORE AT **RivflozaPro.com**

[a]24-hour urine samples were collected and evaluated every 30 days to ensure UOx levels remained normalized (<0.46 mmol/24 hours) or near normalized (≥0.46 mmol/24 hours to <0.60 mmol/24 hours) between ≥2 consecutive visits.[10]

[b]For children aged 2 to less than 12 years, Rivfloza® may be administered by a caregiver after proper training and under the guidance and supervision of a healthcare professional.[1]

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