

Policy Name:	Nulibry (fosdenopterin)	Policy #:	3049P
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Purpose of the Policy

The purpose of this policy is to establish criteria for coverage of Nulibry (fosdenopterin).

Statement of the Policy

Health Alliance Medical Plans will approve the use of Nulibry (fosdenopterin) under the Specialty Medical benefit when the following criteria have been met.

Criteria

- 1. Coverage Criteria for the Treatment of molybdenum cofactor deficiency (MoCD) Type A**
 - 1.1 Diagnosis of molybdenum cofactor deficiency (MoCD) Type A confirmed through genetic testing.
 - 1.2 Prescribed by a Geneticist (gene doctor)
 - 1.3 Review of chart notes documenting diagnosis and confirming that patient has met all above requirements for treatment with Nulibry by both a pharmacist and medical director
- 2. Approval Period**
 - 2.1 Initial: 12 months
 - 2.2 Reapproval: 12 months based on documentation of a positive clinical response to Nulibry (neurological function, gross motor function, developmental milestones, etc.) and patient is tolerating therapy.

CPT Codes

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HCPCS Codes

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References

1. Nulibry (fosdenopterin) [prescribing information]. Botston, MA: Origin Biosciences, Inc; October 2022.
2. Reiss J, Hahnewald R. Molybdenum cofactor deficiency: Mutations in GPHN, MOCS1, and MOCS2. Hum Mutat 2011; 32:10.
3. Schwahn B. Fosdenopterin: A First-in-Class Synthetic Cyclic Pyranopterin Monophosphate for the Treatment of Molybdenum Cofactor Deficiency Type A. Neurology. 2021;17:85–91

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.