

POLICY NUMBER: RX.PA.041.MPC

REVISION DATE: 12/2021

Page **1** of **2**

RX.PA.041.MPC Nulibry® (fosdenopterin)

PURPOSE

Nulibry® is a cyclic pyranopterin monophosphate (cPMP) indication to reduce the risk of mortality in patients with molybdenum cofactor deficiency (McCD) Type A. Maryland Physicians Care requires Prior Authorization for its use.

<u>Molybdenum Cofactor Deficiency Type A -</u> Approve Nulibry if the member meets **ALL** of the following conditions

A. Initial Therapy:

 Must be prescribed by, or in consultation with, a neonatologist, a pediatric neurologist or specialist with expertise in the treatment of inherited metabolic disorders

AND

- b. Clinical documentation for the diagnosis of molybdenum cofactor deficiency type
 A:
 - i. Genetic testing confirmation of a mutation in the MOCS1 gene
 AND
- c. Documentation of clinical and/or biochemical features associated with MoCD Type A
 - i. Seizures
 - ii. Limb/axial hypertonia
 - iii. Low serum uric acid
 - iv. Elevated urinary xanthine and hypoxanthine
 - v. Elevated sulfites in urine
- d. Dose does not exceed 0.9mg/kg once daily
- B. Must be prescribed at a dose within the manufacturer's dosing guidelines (based on diagnosis, weight, etc) listed in the FDA approved labeling.
- C. Nulibry will be considered investigational or experimental for any other use and will not be covered.

D. Continuation of therapy:

- Member has documented benefit from therapy AND
- b. Prescribed by, or in consultation with, a neonatologist, a pediatric neurologist or specialist with expertise in the treatment of inherited metabolic disorders

Approval Duration:



POLICY NUMBER: RX.PA.041.MPC

REVISION DATE: 12/2021

Page **2** of **2**

A. Initial Therapy: Approve for 6 months

B. Continuation of Therapy: Approve for 1 year

CPT Code	Description
J3490	Unclassifed drugs
	Single-dose vial of 9.5mg

References:

1. Nulibry® injection [prescribing information]. Boston, MA: Origin Biosciences, Inc.; February 2021.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
Annual review	02/2022
Addition of dosing requirements and off-label restrictions	12/2021
P&T Review	11/2020