

Nulibry® (fosdenopterin)
Effective 11/01/2021

Plan	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Nulibry is cyclic pyranopterin monophosphate (cPMP) indicated to reduce the risk of mortality in patients with molybdenum cofactor deficiency (MoCD) Type A.

Coverage Guidelines

Authorization may be reviewed for members new to AllWays Health Partners who are currently receiving treatment with Nulibry excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR

Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

1. Documented diagnosis of molybdenum cofactor deficiency type A
2. Documentation of ONE of the following:
 - a. Diagnosis of molybdenum cofactor deficiency type A confirmed by genetic testing
 - b. In neonates (up to 28 days after birth), diagnosis based on ONE of the following:
 - i. Prenatal genetic diagnosis
 - ii. Onset of clinical signs and symptoms consistent with molybdenum cofactor deficiency Type A (e.g., seizures, feeding difficulties, high-pitched cries, exaggerated startle reactions, increased/decreased muscle tone) within the first 28 days after birth
 - iii. Onset of laboratory signs and symptoms consistent with molybdenum cofactor deficiency Type A (e.g., elevated urinary sulfite and/or S-sulphocysteine, elevated xanthine in urine or blood, or low or absent uric acid in the urine or blood) within the first 28 days after birth



Continuation of Therapy

Reauthorization will be granted if member meets all of the following criteria:

1. Diagnosis of molybdenum cofactor deficiency Type A confirmed by genetic testing
2. Documented therapeutic response as evidenced by ONE of the following:
 - a. Improved change in molybdenum cofactor deficiency biomarkers
 - b. Improved growth parameters

Limitations

1. Initial approvals will be granted for 3 months
2. Reauthorizations will be granted for 12 months

References

1. Nulibry [package insert]. Boston, MA: Origin Biosciences, Inc.; February 2021.
2. Atwal PS, Scaglia F. Molybdenum cofactor deficiency. *Mol Genet Metab*. 2016;117(1):1-4.
3. Schwahn BC, Van Spronsen FJ, Belaidi AA, et al. Efficacy and safety of cyclic pyranopterin monophosphate substitution in severe molybdenum cofactor deficiency type A: a prospective cohort study. *Lancet*. 2015; 386: 1955-1963.
4. ClinicalTrials.gov. Study of ORGN001 (formerly ALXN1101) in neonates with molybdenum cofactor deficiency (MOCD) type A. Available at: <https://clinicaltrials.gov/ct2/show/NCT02629393>.
5. ClinicalTrials.gov. Safety & efficacy study of ORGN001 (formerly ALXN1101) in pediatric patients with MoCD type A currently treated with rcPMP. Available at: <https://clinicaltrials.gov/ct2/show/NCT02047461>.

Review History

09/22/2021 – Reviewed and Created for Sept P&T. Effective 11/01/2021

Disclaimer

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.