Fosdenopterin (Nulibry™)

Place of Service
Office Administration
Infusion Center Administration
Home Infusion Administration
Outpatient Facility Infusion Administration

**HCPCS**: J3490

#### NDC:

 73129-001-01: 9.5 mg as a lyophilized powder or cake in a single-dose vial

## Condition listed in policy (see criteria for details)

Molybdenum cofactor deficiency type A

AHFS therapeutic class: Miscellaneous therapeutic agent

Mechanism of action: Cyclic pyranopterin monophosphate (cPMP) substrate replacement therapy

### (1) Special Instructions and pertinent Information

Covered under the medical benefit, please submit clinical information for prior authorization review.

# (2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for fosdenopterin (Nulibry™) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

#### Molybdenum cofactor deficiency type A

1. Prescribed by or in consultation with a pediatric neurologist

#### **Covered Doses**

Patients one year of age or older: 0.9 mg/kg IV once daily Patients less than one year of age: see titration table

| Titration      | Preterm Neonates             | Term Neonates                |
|----------------|------------------------------|------------------------------|
| schedule       | (gestational age < 37 weeks) | (gestational age ≥ 37 weeks) |
| Initial dosage | 0.4 mg/kg IV once daily      | 0.55 mg/kg IV once daily     |
| Month 1        | 0.7 mg/kg IV once daily      | 0.75 mg/kg IV once daily     |
| Month 3        | 0.9 mg/kg IV once daily      | 0.9 mg/kg IV once daily      |

## Coverage Period

Indefinitely

ICD-10: E61.5

PHP Medi-Cal

# (3) The following condition(s) <u>DO NOT</u> require Prior Authorization/Preservice

Effective: 03/29/2023 Page 1 of 2

All requests for fosdenopterin (Nulibry™) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

# (4) This Medication is NOT medically necessary for the following condition(s)

<u>Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code</u> § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

## (5) Additional Information

How supplied:

9.5 mg of fosdenopterin as a lyophilized powder or cake in a single-dose vial for reconstitution

#### (6) References

- AHFS®. Available by subscription at <a href="http://www.lexi.com">http://www.lexi.com</a>
- DrugDex®. Available by subscription at <a href="http://www.micromedexsolutions.com/home/dispatch">http://www.micromedexsolutions.com/home/dispatch</a>
- Nulibry<sup>™</sup> (fosdenopterin) [Prescribing information]. Boston, MA: Origin Biosciences, Inc.; 10/2022.

# (7) Policy Update

PHP Medi-Cal

Effective: 03/29/2023

Date of last review: 2Q2023 Date of next review: 2Q2024

Changes from previous policy version:

• No clinical change to policy following routine annual review.

BSC Drug Coverage Criteria to Determine Medical Necessity Reviewed by P&T Committee

Fosdenopterin (Nulibry<sup>TM</sup>)