



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

FOSDENOPTERIN

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
FOSDENOPTERIN HYDROBROMIDE	NULIBRY	47158		GPI-10 (3090643020)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of molybdenum cofactor deficiency (MoCD) Type A?

If yes, **approve for 12 months by HICL or GPI-10.**

If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **FOSDENOPTERIN (Nulibry)** requires the following rule(s) be met for approval:

- A. You have molybdenum cofactor deficiency (MoCD) Type A (rare condition characterized by brain dysfunction)

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Nulibry.

REFERENCES

- Nulibry [Prescribing Information]. Boston, MA: Origin Biosciences, Inc.; February 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 07/01/21

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P&T Approval: 04/21