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Medical benefit drug policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and therefore subject to change.

Effective Date: 04/11/2024

Nulibry® (fosdenopterin)

HCPCS: J3490, C9399

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

- A. Coverage of the requested drug is provided when all the following are met:
 - a. FDA approved indication
 - b. FDA approved age
 - c. Confirmed genetic diagnosis of molybdenum cofactor deficiency (MoCD) Type A (MOCS1 mutation) and/or biochemical profile consistent with MoCD Type A
 - i. Examples: elevated urinary sulfite and/or S-sulfocysteine (SSC), elevated xanthine in urine or blood, or low or absent uric acid in the urine or blood
 - d. Documentation of clinical presentation consistent with MoCD Type A
 - i. Examples: intractable seizures, exaggerated startle response, high-pitched cry, axial hypotonia, limb hypertonia, feeding difficulties
 - e. No current or planned treatment for MoCD Type A with another investigational drug or device
 - i. Exception: Recombinant Escherichia coli-derived cyclic pyranopterin monophosphate (rcPMP) through day 1
 - f. Trial and failure, contraindication, OR intolerance to the preferred drugs as listed in BCBSM/BCN's utilization management medical drug list

- B. Quantity Limitations, Authorization Period and Renewal Criteria
 - a. Quantity Limits: Align with FDA recommended dosing
 - b. Initial Authorization Period: Two months
 - c. Renewal Authorization Period: Six months
 - d. Renewal Criteria: If not provided on initial approval, genetic confirmation of MoCD Type A (MOCS1 mutation) is required. Additionally, clinical documentation must be provided to confirm that current criteria are met and that the medication is providing clinical benefit.

***Note: Coverage and approval duration may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at <http://www.cms.hhs.gov/>. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

This policy and any information contained herein is the property of Blue Cross Blue Shield of Michigan and its subsidiaries, is strictly confidential, and its use is intended for the P&T committee, its members and BCBSM employees for the purpose of coverage determinations.

Background Information:

- Nulibry is a cyclic pyranopterin monophosphate (cPMP) substrate replacement therapy indicated for the treatment of molybdenum cofactor deficiency (MoCD) Type A.
- MoCD is an autosomal recessive disorder that results from one of several single gene defects in the biosynthetic pathway of molybdenum cofactor. Molybdenum cofactor deficiency is caused by mutations in the molybdenum cofactor synthesis 1 (MOCS1), MOCS2, or GPHN gene. There are three forms of the disorder, named types A, B, and C (or complementation groups A, B, and C). The forms have the same signs and symptoms but are distinguished by their genetic cause: MOCS1 gene mutations cause type A, MOCS2 gene mutations cause type B, and GPHN gene mutations cause type C.
- Approximately two-thirds of patients have MoCD type A, in which mutations in MOCS1 result in the inability to synthesize the first intermediate in the pathway, cyclic pyranopterin monophosphate (cPMP), and the toxic accumulation of sulfites in blood and urine. Tests reveal that affected individuals have high levels of sulfite, S-sulfocysteine, xanthine, and hypoxanthine in the urine and low levels of uric acid in the blood. A positive sulfite dipstick finding of very fresh urine is highly suggestive of sulfite oxidase deficiency and MoCD; however, a negative dipstick finding should not eliminate suspicion, as urinary sulfite is an unstable compound and prone to false-negative results related to drugs and bacterial degradation.
- MoCD is a rare condition characterized by encephalopathy that worsens over time. Babies with this condition appear normal at birth, but within a week they have difficulty feeding and develop intractable seizures. Brain abnormalities, including atrophy of brain tissue, lead to severe developmental delay; affected individuals usually do not learn to sit unassisted or to speak.
- Biochemical tests, when paired with clinical presentation, can confirm a suspected MoCD diagnosis. A genetic test is the only way to distinguish between MoCD subtypes, and genetic results can take weeks.
- In patients with a presumptive diagnosis of MoCD Type A based on biochemical tests and clinical presentation, confirmation of the diagnosis of MoCD Type A via genetic testing should commence immediately after initiation of Nulibry treatment. Nulibry should be discontinued if the MoCD Type A diagnosis is not confirmed by genetic testing.
- MoCD is estimated to occur in 1 in 100,000 to 200,000 newborns worldwide with a median survival of less than 4 years. More than 100 cases have been reported in the medical literature, although it is thought that the condition is underdiagnosed, so the number of affected individuals may be higher.
- Prior to the development of the synthetic form of cPMP (Nulibry), an E.coli derived recombinant form of cPMP (rcPMP) was in development. Studies for the approval of Nulibry include this rcPMP which has the same active moiety and biologic activity as Nulibry. Studies showed the safety and efficacy of switching patients from rcPMP to cPMP.

References:

1. Nulibry [prescribing information]. Boston, MA: Origin Biosciences, Inc.; October 2022
2. Origin Biosciences. Study of ORGN001 (Formerly ALXN1101) in Neonates, Infants and Children With Molybdenum Cofactor Deficiency (MOCD) Type A. Available from: <https://clinicaltrials.gov/ct2/show/NCT02629393> ClinicalTrials.gov Identifier: NCT02629393. Accessed 11.2.2020
3. Origin Biosciences. Safety & Efficacy Study of ORGN001 (Formerly ALXN1101) in Pediatric Patients With MoCD Type A Currently Treated With rcPMP. Available from: <https://clinicaltrials.gov/ct2/show/NCT02047461> ClinicalTrials.gov Identifier: NCT02047461. Accessed 11.2.2020
4. NIH U.S. National Library of Medicine. MedlinePlus: Molybdenum cofactor deficiency. <https://medlineplus.gov/genetics/condition/molybdenum-cofactor-deficiency/>
5. Bridgebio. BridgeBio Pharma And Affiliate Origin Biosciences Announces FDA Acceptance Of Its New Drug Application For Fosdenopterin For The Treatment Of MoCD Type A. Press release from 9.29.2020. <https://bridgebio.com/news/bridgebio-pharma-and-affiliate-origin-biosciences-announces-fda-acceptance-of-its-new-drug-application-for-fosdenopterin-for-the-treatment-of-mocd-type-a>
6. Shellhaas R MD. Etiology and prognosis of neonatal seizures. UpToDate. <https://www.uptodate.com/contents/etiology-and-prognosis-of-neonatal-seizures> Accessed 11.2.2020
7. Jethva, R. Sulfite oxidase deficiency and molybdenum cofactor deficiency. Medscape <https://emedicine.medscape.com/article/949303-overview> accessed March 2021
8. Mechler K et al. Genet Med. 2015;17(12):965-9
9. Zaki MS et al. Molybdenum cofactor and isolated sulphite oxidase deficiencies: Clinical and molecular spectrum among Egyptian patients. Eur J PaediatrNeurol. 2016;20(5):714-722.

Policy History												
#	Date	Change Description										
1.7	Effective Date: 04/11/2024	Annual review of criteria was preformed, no changes were made										
1.6	Effective Date: 04/06/2023	Annual review of criteria was preformed, no changes were made										
1.5	Effective Date: 04/14/2022	Annual review of criteria was performed, no changes were made.										
1.4	Effective Date: 06/22/2021	UM medical management system update for BCNA and MAPPO <table border="1" data-bbox="485 476 1365 684"> <thead> <tr> <th>Line of Business</th> <th>PA Required in Medical Management System (Yes/No)</th> </tr> </thead> <tbody> <tr> <td>BCBS</td> <td>Yes</td> </tr> <tr> <td>BCN</td> <td>Yes</td> </tr> <tr> <td>MAPPO</td> <td>Yes</td> </tr> <tr> <td>BCNA</td> <td>Yes</td> </tr> </tbody> </table>	Line of Business	PA Required in Medical Management System (Yes/No)	BCBS	Yes	BCN	Yes	MAPPO	Yes	BCNA	Yes
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BCBS	Yes											
BCN	Yes											
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1.3	Effective Date: 05/03/2021	UM medical management system update for BCBS <table border="1" data-bbox="485 766 1365 974"> <thead> <tr> <th>Line of Business</th> <th>PA Required in Medical Management System (Yes/No)</th> </tr> </thead> <tbody> <tr> <td>BCBS</td> <td>Yes</td> </tr> <tr> <td>BCN</td> <td>Yes</td> </tr> <tr> <td>MAPPO</td> <td>No</td> </tr> <tr> <td>BCNA</td> <td>No</td> </tr> </tbody> </table>	Line of Business	PA Required in Medical Management System (Yes/No)	BCBS	Yes	BCN	Yes	MAPPO	No	BCNA	No
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BCBS	Yes											
BCN	Yes											
MAPPO	No											
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1.2	Effective Date: 04/08/2021	New policy										
1.1	Effective Date: 04/05/2021	UM medical management system update for BCN <table border="1" data-bbox="485 1123 1365 1331"> <thead> <tr> <th>Line of Business</th> <th>PA Required in Medical Management System (Yes/No)</th> </tr> </thead> <tbody> <tr> <td>BCBS</td> <td>No</td> </tr> <tr> <td>BCN</td> <td>Yes</td> </tr> <tr> <td>MAPPO</td> <td>No</td> </tr> <tr> <td>BCNA</td> <td>No</td> </tr> </tbody> </table>	Line of Business	PA Required in Medical Management System (Yes/No)	BCBS	No	BCN	Yes	MAPPO	No	BCNA	No
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BCBS	No											
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BCNA	No											
1.0	Effective Date: 12/03/2020	Preliminary drug review										

* The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or <http://dailymed.nlm.nih.gov/dailymed/index.cfm>.

Blue Cross Blue Shield/Blue Care Network of Michigan
Medication Authorization Request Form
Nulibry™ (fosdenopterin) HCPCS CODE: J3490/J3590



This form is to be used by participating physicians to obtain coverage for Nulibry. For commercial members only, please complete this form and submit via fax to 1-877-325-5979. If you have any questions regarding this process, please contact BCBSM Provider Relations and Servicing or the Medical Drug Helpdesk at 1-800-437-3803 for assistance.

PATIENT INFORMATION	PHYSICIAN INFORMATION
Name	Name
ID Number	Specialty
D.O.B. <input type="checkbox"/> Male <input type="checkbox"/> Female	Address
Pt weight (in kg) Date recorded: _____	City /State/Zip
Diagnosis	Phone/Fax: P: () - F: () -
Drug Name	NPI
Dose and Quantity	Contact Person
Directions	Contact Person Phone / Ext.
Date of Service(s)	

STEP 1: DISEASE STATE INFORMATION

1. Is this request? Initiation Continuation *Date patient started therapy:* _____
2. Please provide the NPI number for the place of administration: _____
3. **Initiation AND Continuation of therapy:**
 - a. Please check the patient's diagnosis: Molybdenum cofactor deficiency (MoCD) Type A
 Other: _____
 - b. How has the patient been diagnosed with MoCD? *(Please attach any tests confirming diagnosis)*
 Genetic testing of MoCD Type A (MOCS1 mutation)
 Biochemical profile consistent with MoCD Type A (for example: elevated urinary sulfite and/or S-sulfocysteine (SSC), elevated xanthine in urine or blood, or low or absent uric acid in the urine or blood)
 Other: _____
 - c. Which of these symptoms does the patient experience that is consistent with MoCD Type A?
 Intractable seizures Exaggerated startle response High-pitched cry Axial hypotonia Limb hypertonia
 Feeding difficulties Other _____
 - d. Is the patient currently on MoCD Type A treatment or planned to be with another investigational drug or device?
 (Exception: Recombinant Escherichia coli-derived cyclic pyranopterin monophosphate (rcPMP) through day 1)
 Yes No, Comment: _____
4. **Continuation request:** Nulibry start date: _____
 - a. Have the patient's signs and symptoms improved with Nulibry?
 Yes No, Comment: _____

Please add any other supporting medical information necessary for our review
Coverage will not be provided if the prescribing physician's signature and date are not reflected on this document.

Request for expedited review: I certify that applying the standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function

Physician's Name	Physician Signature	Date
Step 2: Checklist	<input type="checkbox"/> Form Completely Filled Out <input type="checkbox"/> Attached Chart Notes	<input type="checkbox"/> Attached labs
Step 3: Submit	By Fax: BCBSM Specialty Pharmacy Mailbox 1-877-325-5979	By Mail: BCBSM Specialty Pharmacy Program P.O. Box 312320, Detroit, MI 48231-2320

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