

POLICY NAME	Nulibry (fosdenopterin)	POLICY #	3049P
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Criteria

Coverage Criteria for the Treatment of molybdenum cofactor deficiency (MoCD) Type A

- ☐ **1.1** Diagnosis of molybdenum cofactor deficiency (MoCD) Type A confirmed through genetic testing.
- ☐ **1.2** Prescribed by a Geneticist (gene doctor)
- ☐ **1.3** Review of chart notes documenting diagnosis and confirming that patient has met all above requirements for treatment with Nulibry by both a pharmacist and medical director