

<b>POLICY NAME</b>	Nulibry (fosdenopterin)	<b>POLICY #</b>	3049P
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## Criteria

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

- ☐ Diagnosis of molybdenum cofactor deficiency (MoCD) Type A confirmed through genetic testing.
- ☐ Prescribed by a Geneticist (gene doctor)
- ☐ 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