

Market Applicability															
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	N/A	N/A	X	N/A	X	X	X	X	X	X	N/A	N/A	X

\*FHK- Florida Healthy Kids

## Nitisinone

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Nityr (nitisinone) Orfadin (nitisinone)

### APPROVAL CRITERIA

Requests for nitisinone agents (Nityr, Orfadin) may be approved for the following, when accompanying criteria are met:

- I. Individual has a diagnosis of hereditary tyrosinemia type I (HT-1); **AND**
- II. Individual will be using in combination with a dietary restriction of phenylalanine and tyrosine; **AND**
- III. Individual's plasma tyrosine level is maintained below 500 micromol/L to reduce risk of ocular symptoms, developmental delay, or hyperkeratotic plaques.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

### Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2016.  
URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website.  
<http://dailymed.nlm.nih.gov/dailymed/about.cfm>.

DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Drug Facts and Comparisons. Facts and Comparisons [database online]. St. Louis, MO: Wolters Kluwer Health, Inc; 2016. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2065; Updated periodically.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.