

FLORIDA MEDICAID PRIOR AUTHORIZATION

NITISINONE (Orfadin[®], Nityr[®])

(Maximum Length of Therapy is 12 Months)

Note: Form must be completed in full. An incomplete form may be returned.

Recipient's Medicaid ID #											Date of Birth (MM/DD/YYYY)																		
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 Is the patient's diagnosis hereditary tyrosinemia type I? O Yes O No Are the dietary restrictions of tyrosine and phenylalanine alone sufficient to maintain the urinary succinylacetone at or below detectable levels? O Yes O No Is this patient currently placed on a liver transplantation waiting list? O Yes O No In your opinion, will this patient likely become a candidate for liver transplantation within the next year? O Yes O No The patient's current weight is kg. Prescriber's Signature: Date: REQUIRED FOR REVIEW: Copies of medical records (i.e., diagnostic evaluations and recent chart notes), and the most recent copies of related labs. The provider must retain copies of all documentation for five years. 																													
Fax this form to 1-866-940-7328Confidentiality No information that is I disclosure, copying prohibited. If you ha 											legal g, dis nave i irrang	lly pri stribu recei ge foi	vilege tion, c ved th the r	ed. If y or actio iis info eturn	ou are on tak ormati or des	e not en in on in struct	the in relian error, ion of	tende ice or pleas these	ed rec the c se not docu	ipient conte tify th iment	, you nts of e sen s. Dis	are h these der (\ stribut	ereby e docu /ia ret :ion, re	notifi umeni urn fa eprod	ied thats is is s ix) uctior	at any trictly	,		



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Review Criteria

- 1. If the patient can be maintained on dietary restrictions alone, Orfadin[®] or Nityr[®] is not approved. (If the answer to question two is **YES**, do not approve.)
- 2. If the patient is on a liver transplantation list, approval period is only for six months.
- 3. If in the physician's opinion, the patient will become a liver transplant candidate within the next year, the approval period is only six months.
- 4. All other approvals are for a one-year period.
- 5. Limit the dose to 2 mg/kg for Orfadin® and Nityr®.
- 6. Orfadin[®] is packaged in a high density (HD) polyethylene container of **60 capsules and cannot be repackaged and dispensed in a different container** or a 90 mL suspension is available of 4 mg/mL.
- 7. Nityr[®] is available in tablet formulation.