## Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

## Nitisinone capsule (Orfadin)

#### Notes:

 \* Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

<u>Initiation (new start) criteria</u>: Non-formulary <u>nitisinone capsule (Orfadin)</u> will be covered on the prescription drug benefit for <u>12 months</u> when the following criteria are met:

- Diagnosis of hereditary tyrosinemia type-1 confirmed by one of following:
  - i. Elevated succinylacetone levels in blood or urine samples
  - ii. DNA testing: mutation in the fumarylacetoacetate hydrolase (FAH) gene
- Nitisinone is used in conjunction with a tyrosine and phenylalanine diet restriction

<u>Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously</u>: Non-formulary nitisinone capsule (Orfadin) will be covered on the prescription drug benefit for <u>12 months</u> when the following criteria are met:

- Patient has a diagnosis of hereditary tyrosinemia type-1 confirmed by one of following:
  - i. Elevated succinylacetone levels in blood or urine samples
  - ii. DNA testing: mutation in the fumarylacetoacetate hydrolase (FAH) gene
- Nitisinone is used in conjunction with a tyrosine and phenylalanine diet restriction

<u>Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously</u>: Non-formulary nitisinone capsule (Orfadin) will be covered on the prescription drug benefit for <u>12 months</u> when the following criteria are met:

- Patient has a diagnosis of hereditary tyrosinemia type-1 confirmed by one of following:
  - i. Elevated succinylacetone levels in blood or urine samples
  - ii. DNA testing: mutation in the fumarylacetoacetate hydrolase (FAH) gene

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### Nitisinone capsule (Orfadin)

Nitisinone is used in conjunction with a tyrosine and phenylalanine diet restriction

<u>Continued use criteria 12 months after initiation</u>): Non-formulary **nitisinone** (**Orfadin**) will continue to be covered on the prescription drug benefit when the following criteria are met:

- Patient continues tyrosine and phenylalanine dietary restriction
- Patient is receiving clinical benefit to nitisinone as indicated by decreased succinylacetone and alpha-1-microglobulin levels

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