NITISINONE

Generic	Brand	HICL	GCN	Exception/Other
NITISINONE	ORFADIN, NITYR	23253		

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Does the patient have a documented diagnosis of hereditary tyrosinemia type 1 (HT-1) **AND** meet **ALL** of the following criteria?
   - The patient has elevated urinary or plasma succinylacetone (SA) levels **OR** a mutation in the fumarylacetoacetate hydrolase (FAH) gene
   - The medication is being prescribed by or given in consultation with a prescriber specializing in inherited metabolic diseases
   - The patient has been counseled on maintaining dietary restriction of tyrosine and phenylalanine

   If yes, continue to #2.
   If no, do not approve.
   DENIAL TEXT: See the initial denial text at the end of the guideline.

2. Is the request for Nityr (nitisinone) tablets?

   If yes, **approve for 6 months by GPID for all strengths with no quantity limit.**
   APPROVAL TEXT: Renewal requires that the patients urinary or plasma succinylacetone (SA) levels have decreased from baseline while on treatment with nitisinone.

   If no, continue to #3.

3. Is the request for Orfadin capsules and has the patient had a trial of or contraindication to Nityr tablets?

   If yes, **approve for 6 months by GPID for all strengths with no quantity limit.**
   APPROVAL TEXT: Renewal requires that the patients urinary or plasma succinylacetone (SA) levels have decreased from baseline while on treatment with nitisinone.

   If no, continue to #4.

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NITISINONE

INITIAL CRITERIA (CONTINUED)

4. Is the request for Orfadin suspension and has the patient had a trial of or contraindication to Orfadin (nitisinone) capsules or Nityr tablets?

   If yes, **approve for 6 months by GPID with no quantity limit.**
   APPROVAL TEXT: Renewal requires that the patients urinary or plasma succinylacetone (SA) levels have decreased from baseline while on treatment with nitisinone.

   If no, do not approve.
   INITIAL DENIAL TEXT: The guideline named **NITISINONE (Orfadin, Nityr)** requires a documented diagnosis of hereditary tyrosinemia type 1 (HT-1) as confirmed by elevated urinary or plasma succinylacetone (SA) levels or a mutation in the fumarylacetoacetate hydrolase (FAH) gene. In addition, the following criteria must also be met:
   - The medication must be prescribed by or given in consultation with a prescriber specializing in inherited metabolic diseases
   - The patient must be counseled on maintaining dietary restriction of tyrosine and phenylalanine
   - For requests of Orfadin capsules, the patient must have tried Nityr tablets
   - For requests of Orfadin oral suspension, the patient must have tried or have a contraindication to Orfadin capsules or Nityr tablets. For patients who have difficulties swallowing capsules, Orfadin capsules may be opened and the contents suspended in a small amount of water, formula, or applesauce immediately before use.

RENEWAL CRITERIA

1. Does the patient have a diagnosis of hereditary tyrosinemia type 1 **AND** meet the following criterion?
   - The patients urinary or plasma succinylacetone (SA) levels have decreased from baseline while on treatment with nitisinone.

   If yes, **approve for 12 months by GPID for all strengths of the requested formulation with no quantity limit.**
   If no, do not approve.
   RENEWAL DENIAL TEXT: The guideline named **NITISINONE (Orfadin, Nityr)** requires a diagnosis of hereditary tyrosinemia type 1 (HT-1). In addition, the following renewal criterion must be met:
   - The patients urinary or plasma succinylacetone (SA) levels have decreased from baseline while on treatment with nitisinone.

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NITISINONE

RATIONALE
Promote appropriate utilization of **NITISINONE** based on FDA approved indication.

FDA APPROVED INDICATION
Orfadin (nitisinone) is a 4-hydroxyphenylpyruvate dioxygenase inhibitor indicated for the treatment of hereditary tyrosinemia type 1 (HT-1) in combination with dietary restriction of tyrosine and phenylalanine.

Nityr is a hydroxyphenyl-pyruvate dioxygenase inhibitor indicated for the treatment of hereditary tyrosinemia type 1 (HT-1) in combination with dietary restriction of tyrosine and phenylalanine.

DOSAGE
Recommended Dosage:
- The recommended initial dosage is 0.5 mg/kg orally twice daily.
- Titrate the dose based on biochemical and/or chemical response, as described in the full prescribing information.
- The maximum dosage is 1 mg/kg orally twice daily.

Preparation and Administration Instructions for Orfadin:
- For instructions on preparing, measuring and administering the oral suspension, see the full prescribing information.
- Maintain dietary restriction of tyrosine and phenylalanine.
- Take Orfadin capsules at least one hour before, or two hours after a meal.
- For patients who have difficulties swallowing capsules and who are intolerant to the oral suspension, the capsules may be opened and the contents suspended in a small amount of water, formula or applesauce immediately before use.
- Take Orfadin oral suspension without regard to meals.

Preparation and Administration Instructions for Nityr:
- Take with or without food.

For patients who have difficulties swallowing intact tablets, including pediatric patients, the tablets can be disintegrated in water and administered using an oral syringe. If patients can swallow semi-solid foods, the tablets can also be crushed and mixed with applesauce. For preparation and administration instructions, see the full prescribing information.

DOSAGE FORMS AND STRENGTHS
Orfadin:
- Capsules: 2 mg, 5 mg, 10 mg, 20 mg
- Oral suspension: 4 mg/mL

Nityr:
- Tablets: 2 mg, 5 mg, 10 mg

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STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

NITISINONE

REFERENCES

- Orfadin [Prescribing Information]. Waltham, MA: Sobi, Inc. June 2016.
- Nityr [Prescribing Information]. Cambridge, UK: Cycle Pharmaceuticals Ltd. July 2017.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 10/01/18

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