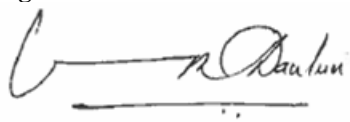


## Prior Authorization Review Panel

### CHC-MCO Policy Submission

A separate copy of this form must accompany each policy submitted for review.  
Policies submitted without this form will not be considered for review.

<b>Plan: PA Health &amp; Wellness</b>	<b>Submission Date: 11/01/2022</b>
<b>Policy Number: PA.CP.PHAR.132</b>	<b>Effective Date: 10/2018 Revision Date: 09/2022</b>
<b>Policy Name: Nitisinone (Nityr, Orfadin)</b>	
<p><b>Type of Submission – <u>Check all that apply:</u></b></p> <p> <input type="checkbox"/> New Policy  <input checked="" type="checkbox"/> Revised Policy*  <input type="checkbox"/> Annual Review - No Revisions  <input type="checkbox"/> Statewide PDL - <i>Select this box when submitting policies for Statewide PDL implementation and when submitting policies for drug classes included on the Statewide PDL.</i> </p>	
<p><b>*All revisions to the policy <u>must</u> be highlighted using track changes throughout the document.</b></p> <p><b>Please provide any changes or clarifying information for the policy below:</b></p> <p style="margin-top: 20px;">4Q 2022 annual review: no significant changes; references reviewed and updated.</p>	
<b>Name of Authorized Individual (Please type or print):</b>  <b>Venkateswara R. Davuluri, MD</b>	<b>Signature of Authorized Individual:</b>  

## Clinical Policy: Nitisinone (Nityr, Orfadin)

Reference Number: PA.CP.PHAR.132

Effective Date: 10.17.18

Last Review Date: 10/2022

[Revision Log](#)

### Description

Nitisinone (Nityr™, Orfadin®) is a hydroxy-phenylpyruvate dioxygenase inhibitor.

### FDA Approved Indication(s)

Nityr and Orfadin are indicated for the treatment of adult and pediatric patients with hereditary tyrosinemia type 1 (HT-1) in combination with dietary restriction of tyrosine and phenylalanine.

### Policy/Criteria

*Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.*

It is the policy of PA Health & Wellness® that Nityr and Orfadin are **medically necessary** when the following criteria are met:

#### I. Initial Approval Criteria

##### A. Hereditary Tyrosinemia Type 1 (must meet all):

1. Diagnosis of HT-1 as confirmed by one of the following (a or b);
  - a. Genetic testing confirms a mutation of the *FAH* gene;
  - b. Biochemical testing confirms elevated levels of succinylacetone in blood or urine;\*
2. Prescribed by or in consultation with an endocrinologist or a metabolic or genetic disease specialist;
3. Request is for use as an adjunct to dietary restriction of tyrosine and phenylalanine;
4. Dose does not exceed 2 mg/kg per day.

*\* The lower limit of normal for succinylacetone is laboratory- and/or treatment center-specific; refer to laboratory- or clinic-specific reference ranges to determine elevated levels.*

**Approval duration:** 6 months

##### B. Other diagnoses/indications

1. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53.

#### II. Continued Therapy

##### A. Hereditary Tyrosinemia Type 1 (must meet all):

1. Currently receiving medication via PA Health & Wellness benefit or member has previously met all initial approval criteria or the Continuity of Care Policy (PA.LTSS.PHAR.01) applies;
2. Member is responding positively to therapy;
3. Request is for use as an adjunct to dietary restriction of tyrosine and phenylalanine;

4. If request is for a dose increase, new dose does not exceed 2 mg/kg per day.

**Approval duration:** 12 months

**B. Other diagnoses/indications** (must meet 1 or 2):

1. Currently receiving medication via PA Health & Wellness benefit or member has previously met all initial approval criteria or the Continuity of Care Policy (PA.LTSS.PHAR.01) applies.

**Approval duration:** Duration of request or 6 months (whichever is less); or

2. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53.

**III. Diagnoses/Indications for which coverage is NOT authorized:**

- A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policy – PA.CP.PMN.53 or evidence of coverage documents.

**IV. Appendices/General Information**

*Appendix A: Abbreviation/Acronym Key*

FDA: Food and Drug Administration

HT-1: hereditary tyrosinemia type 1

*Appendix B: Therapeutic Alternatives*

Not applicable

*Appendix C: Contraindications/Boxed Warnings*

- Contraindication(s): none reported
- Box warning(s): none reported

**V. Dosage and Administration**

Drug Name	Dosing Regimen	Maximum Dose
Nitisinone (Nityr)	0.5 mg/kg PO BID	2 mg/kg
Nitisinone (Orfadin)	0.5 mg/kg PO BID	2 mg/kg

**VI. Product Availability**

Drug Name	Availability
Nitisinone (Nityr)	Tablets: 2 mg, 5 mg, 10 mg
Nitisinone (Orfadin)	Capsules: 2 mg, 5 mg, 10 mg, 20 mg Oral suspension: 4 mg/mL

**VII. References**

1. Orfadin Prescribing Information. Waltham, MA: Sobi, Inc.; November 2021. Available at: <http://www.orfadin.com/>. Accessed August 27, 2022.
2. Nityr Prescribing Information. Centro Insema, Manno Switzerland: Rivopharm; June 2021. Available at: [www.nityr.us](http://www.nityr.us). Accessed August 27, 2022.

3. Chinsky JM, Singh R, Ficicioglu C, et al. Diagnosis and treatment of tyrosinemia type I: a US and Canadian consensus group review and recommendations. *Genetics in Medicine*. Dec 2017;19(12).

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created	10/2018	
4Q 2019 annual review: No changes per Statewide PDL implementation 01-01-2020	10/2019	
4Q 2020 annual review: added requirement for adjunctive dietary restriction of tyrosine and phenylalanine, in line with the FDA-approved indication; references reviewed and updated.	10/2020	
4Q 2021 annual review: added requirement for diagnosis confirmation by either genetic or biochemical testing; references reviewed and updated.	10/2021	
4Q 2022 annual review: no significant changes; references reviewed and updated.	10/2022	