## 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.

| | |
|---|---|
| **Plan: PA Health & Wellness** | **Submission Date: 11/01/2021** |
| **Policy Number: PA.CP.PHAR.132** | **Effective Date: 10/2018**<br>**Revision Date: 10/2021** |
| **Policy Name: Nitisinone (Nityr, Orfadin)** | |

**Type of Submission – Check all that apply:**

- ☐ **New Policy**
- ✓ **Revised Policy***
- ☐ **Annual Review - No Revisions**
- ☐ **Statewide PDL -** *Select this box when submitting policies for Statewide PDL implementation and when submitting policies for drug classes included on the Statewide PDL.*

***All revisions to the policy must be highlighted using track changes throughout the document.**

**Please provide any changes or clarifying information for the policy below:**

4Q 2021 annual review: added requirement for diagnosis confirmation by either genetic or biochemical testing; references reviewed and updated.

| | |
|---|---|
| **Name of Authorized Individual (Please type or print):**<br><br>**Venkateswara R. Davuluri, MD** | **Signature of Authorized Individual:** |

# Clinical Policy: Nitisinone (Nityr, Orfadin)

Reference Number: PA.CP.PHAR.132
Effective Date: 10.17.18
Last Review Date: 10/2021

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 health plans affiliated with 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;*

   * *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.*
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.

**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 Pennsylvania Health and 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 Pennsylvania Health and 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<br>Oral suspension: 4 mg/mL |

## VII. References

1. Orfadin Prescribing Information. Waltham, MA: Sobi, Inc.; May 2019. Available at: http://www.orfadin.com/. Accessed August 16, 2021.
2. Nityr Prescribing Information. Centro Insema, Manno Switzerland: Rivopharm; June 2021. Available at: www.nityr.us. Accessed August 16, 2021.

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 | 10/18 | |
| 4Q 2019 annual review: No changes per Statewide PDL implementation 01-01-2020 | 10/30/19 | |
| 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 | |