

<b>POLICY NAME</b>	Orfadin, Nityr, and nitisinone	<b>POLICY #</b>	2450P
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## Criteria

### Coverage Criteria for Hereditary Tyrosinemia type 1

- ☐ Diagnosis of hereditary tyrosinemia type 1 confirmed by diagnostic/DNA testing
- ☐ Orfadin or Nityr will be used in addition to dietary restriction of tyrosine and phenylalanine
- ☐ Coverage of Orfadin capsules requires previous trial with equivalent generic nitisinone capsules