

POLICY NAME	Orfadin, Nityr, and nitisinone	POLICY #	2450P
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Criteria

Coverage Criteria for Hereditary Tyrosinemia type 1

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