



FLORIDA MEDICAID PRIOR AUTHORIZATION

NITISINONE (Orfadin®, Nityr™)

(Maximum Length of Therapy is 12 Months)

Note: Form must be completed in full. An incomplete form may be returned.

Recipient's Medicaid ID #

Grid for Recipient's Medicaid ID #

Date of Birth (MM/DD/YYYY)

Grid for Date of Birth

Recipient's Full Name

Grid for Recipient's Full Name

Prescriber's Full Name

Grid for Prescriber's Full Name

Prescriber's NPI

Grid for Prescriber's NPI

Prescriber Phone Number

Grid for Prescriber Phone Number

Prescriber Fax Number

Grid for Prescriber Fax Number

Pharmacy Name

Grid for Pharmacy Name

Pharmacy Medicaid Provider #

Grid for Pharmacy Medicaid Provider #

Pharmacy Phone Number

Grid for Pharmacy Phone Number

Pharmacy Fax Number

Grid for Pharmacy Fax Number

- 1. Is the patient's diagnosis hereditary tyrosinemia type I?
2. Are the dietary restrictions of tyrosine and phenylalanine alone sufficient to maintain the urinary succinylacetone at or below detectable levels?
3. Is this patient currently placed on a liver transplantation waiting list?
4. In your opinion, will this patient likely become a candidate for liver transplantation within the next year?
5. The patient's current weight is _____ kg.

Prescriber's Signature: _____ Date: _____

REQUIRED FOR REVIEW: Copies of medical records (i.e., diagnostic evaluations and recent chart notes), a copy of the original prescription, and the most recent copies of related labs.

The provider must retain copies of all documentation for five years.

Mail or Fax Information to: Magellan Medicaid Administration, Inc. Prior Authorization P. O. Box 7082 Tallahassee, FL 32314-7082 Phone: 877-553-7481 Fax: 877-614-1078

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Review Criteria

1. If the patient can be maintained on dietary restrictions alone, Orfadin[®] or Nityr[™] is not approved. (If the answer to question two is YES, do not approve.)
2. If the patient is on a liver transplantation list, approval period is only for six months.
3. If in the physician's opinion, the patient will become a liver transplant candidate within the next year, the approval period is only six months.
4. All other approvals are for a one-year period.
5. Limit the dose to 2mg per kg for Orfadin and 1mg/kg for Nityr[™].
6. Orfadin[®] is packaged in a high density (HD) polyethylene container of **60 capsules** and **cannot be repackaged and dispensed in a different container** or a 90ml suspension is available of 4mg/ml.
7. Nityr[™] is available in tablet formulation.