Reset Form Print Form

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 #

Date of Birth (MM/DD/YYYY) / /

Recipient's Full Name

Prescriber's Full Name

Prescriber's NPI

Prescriber Phone Number - -

Prescriber Fax Number - -

Pharmacy Name

Pharmacy Medicaid Provider #

Pharmacy Phone Number - -

Pharmacy Fax Number - -

1. Is the patient's diagnosis hereditary tyrosinemia type I? ○ Yes ○ No

2. Are the dietary restrictions of tyrosine and phenylalanine alone sufficient to maintain the urinary succinylacetone at or below detectable levels? ○ Yes ○ No

3. Is this patient currently placed on a liver transplantation waiting list? ○ Yes ○ No

4. In your opinion, will this patient likely become a candidate for liver transplantation within the next year?

   ○ Yes ○ No

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), 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

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 2 mg/kg for Orfadin® and 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 90 mL suspension is available of 4 mg/mL.
7. Nityr® is available in tablet formulation.