



Fallon Community Health Plan Approval Criteria

Generic Name:	nitisinone
Brand Name:	Orfadin
Medication Class:	reversible inhibitor of hydroxyphenylpyruvate
FDA Approved Uses:	treatment of hereditary tyrosenemia
Usual Dose:	1mg/kg/day to 1.5mg/kg/day in divided doses
Duration of Therapy:	Indefinite

Criteria for Use: *(bullet points below are all inclusive unless otherwise noted)*

- Clinically diagnosed type I hereditary tyrosenemia
- On diet restricted in tyrosine and phenylalanine
- Plasma tyrosine levels of less than 500umol/L
- Normal blood count, thrombocytes, leukocytes
- Normal slit lamp examination prior to therapy
- Normal serum phosphate levels



P&T Approval: _____ Date: _____