Applicable Drugs: generic nitisinone capsule, Harliku, Nityr, Orfadin (nitisinone)

Preferred: generic nitisinone capsule, Orfadin (nitisinone) capsule, Orfadin (nitisinone) suspension

Non-preferred: Harliku, Nityr

Date of Origin: 10/24/2025

Date Last Reviewed / Revised: 10/24/2025

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through IV are met)

I. Documentation of one of the following diagnosis A through B AND must meet all criteria listed under applicable diagnosis:

A. Alkaptonuria

I. Documentation of baseline urinary HGA excretion of greater than 0.4 g/24 hours.

II. Documented clinical manifestation of onchronosis such as chronic joint pain and functional movement impairment.

III. Documentation that patient has started and will be adherent to a low-tyrosine diet.

IV. If prescription is for Harliku or Nityr there must also be documented treatment failure or contraindication to generic nitisinone OR Orfadin.

B. Hereditary tyrosinemia type 1 (HT-1)

I. Documentation of baseline urinary OR plasma succinylacetone.

II. Documented clinical signs and symptoms including but not limited to: failure to thrive, fever, diarrhea, vomiting, hepatomegaly, and jaundice.Documentation that patient has started and will be adherent to a low phenylalanine-tyrosine diet.

III. If prescription is for Harliku or Nityr there must also be documented treatment failure or contraindication to generic nitisinone OR Orfadin.

II. Minimum Age requirement:

A. Harliku: ≥ 18 years old

III. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.

IV. Refer to plan document for the list of preferred products. If requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to the preferred product(s).

EXCLUSION CRITERIA

- Concurrent use of CYP2C9 substrates and OAT1/OAT3 substrates.

OTHER CRITERIA

- Documentation of baseline plasma tyrosine, white blood cell, and platelet levels prior to initiation.

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Generic nitisinone capsules: 0.5 mg/kg twice daily, then up to 1mg/kg twice daily per 30 days
- Harliku: 30 tablets per 30 days
- Nityr: 0.5 mg/kg twice daily, then up to 2 mg/kg twice daily per 30 days
- Orfadin (capsule and suspension): 0.5 mg/kg twice daily, then up to 1mg/kg twice daily per 30 days

APPROVAL LENGTH

- **Authorization:** 6 months
- **Re-Authorization Length and Renewal Criteria:** 12 months with an updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective compared to baseline laboratory values.

APPENDIX

N/A

REFERENCES

1. Harliku. Prescribing information. Cycle Pharmaceuticals Ltd; 2025. Accessed October 17, 2025.
2. Sharabi AF, Goudar RB. Alkaptonuria. In: *StatPearls*. Treasure Island (FL): StatPearls Publishing; August 8, 2023.
3. Introne WJ, Perry MB, Troendle J, et al. A 3-year randomized therapeutic trial of nitisinone in alkaptonuria. Mol Genet Metab. 2011;103(4):307-314. doi:10.1016/j.ymgme.2011.04.016
4. Orfadin. Prescribing information. Sobi, Inc; 2017. Accessed October 17, 2025.
5. Nityr. Prescribing information. Cycle Pharmaceuticals Ltd; 2024. Accessed October 17, 2025.
6. Chinsky JM, Singh R, Ficicioglu C, et al. Diagnosis and treatment of tyrosinemia type I: a US and Canadian consensus group review and recommendations. *Genet Med*. 2017;19(12):. doi:10.1038/gim.2017.101

HISTORICAL TRACKING OF CHANGES MADE TO POLICY

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.