

nitisinone tablet (NITYR)

<b>Diagnosis Considered for Coverage:</b> <ul style="list-style-type: none"><li>Tyrosinemia Type 1</li></ul>
<b>Coverage Criteria:</b>  <b>For diagnosis listed above:</b> <ul style="list-style-type: none"><li>Dose does not exceed 2mg/kg per day.</li></ul>
<b>Coverage Duration:</b> one year
<b>References:</b> 1. Nityr [package insert]. Cambridge, United Kingdom. Cycle Pharmaceuticals Ltd.; June 2021. Effective Date: 1/31/2024