

Diplomat is the exclusive pharmacy services provided for the distribution of Nityr<sup>TM</sup> and the fulfillment of the Nityr<sup>TM</sup> Patient Support Program in the United States

**Patient Information** **Prescriber + Shipping Information**

Patient name: _____ DOB: _____ Sex: Female Male SSN: _____ Language: _____ Wt: _____ kg lbs Ht: _____ cm in Address: _____ Apt/Suite: _____ City: _____ State: _____ Zip: _____ Phone: _____ Alternate: _____ Caregiver name: _____ Relation: _____ Local pharmacy: _____ Phone: _____ Insurance plan: _____ Plan ID: _____ <b>Please fax a copy of front and back of the insurance card(s).</b>	Prescriber name: _____ NPI: _____ Address: _____ Apt/Suite: _____ City: _____ State: _____ Zip: _____ Contact: _____ Phone: _____ Alternate: _____ Fax: _____ Email: _____ If shipping to prescriber: First Fill Always Never
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**Clinical Information (Please fax all pertinent clinical and lab information)**

Diagnosis: \_\_\_\_\_ Diagnosis Code (ICD-10): \_\_\_\_\_  
 Patient is currently on a tyrosine and phenylalanine restricted diet? Yes No If no, provide reason: \_\_\_\_\_  
 Liver Transplanted: Yes No If yes, provide transplant date: \_\_\_\_\_

Current Therapy	Yes	No	Reason for Discontinuation of Therapy	Approximate Start Date	Approximate End Date
Orfadin 0.5 mg/kg twice daily			_____	_____	_____
Orfadin 0.5 mg/kg once daily			_____	_____	_____
_____			_____	_____	_____

Comorbidities: \_\_\_\_\_  
 Concomitant Medications: \_\_\_\_\_  
 Allergies: NKDA Other: \_\_\_\_\_

**Prescription**

Quick Start is a FREE 14-day supply of NITYR<sup>TM</sup> that will allow eligible patients to begin therapy while the specialty pharmacy, Diplomat, secures appropriate benefit verifications and authorizations. If a Quick Start is selected to be dispensed for the patient, the strength, directions and quantity will match per written below for the commercial prescription along with refill limit of 3 (total of 4 fills), as applicable per patient.

Quick Start	Commercial	Drug Name & Strength	Directions	Qty	Refills
		Nityr <sup>TM</sup> (nitisinone) tablets 2 mg	_____	_____	_____
		Nityr <sup>TM</sup> (nitisinone) tablets 5 mg	_____	_____	_____
		Nityr <sup>TM</sup> (nitisinone) tablets 10 mg	_____	_____	_____

**Ancillary Supplies**

Oral Syringes (Appropriate quantity will be determined upon interaction with patient/caregiver.)  
 Pill Crusher

[Prescribing Information](http://www.nityr.us/PI) is available at [www.nityr.us/PI](http://www.nityr.us/PI)

Per state-specific law, prescriptions will be dispensed as generic, if applicable, unless notated otherwise: \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
I authorize Diplomat Pharmacy, Inc. and its representatives to act on behalf of Cycle Pharmaceuticals as an agent to initiate and execute the insurance prior authorization process for this prescription and any future fills of the same prescription for the patient listed above. I understand that I can revoke this designation at any time by providing written notice to Diplomat Pharmacy, Inc.