

Diplomat is the exclusive pharmacy services provided for the distribution of NityrTM and the fulfillment of the NityrTM Patient Support Program in United States

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

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: _____

Prior Therapy <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Discontinuation of Therapy	Approximate Start Date	Approximate End Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comorbidities: _____

Concomitant Medications: _____

Allergies: NKDA Other: _____

Quick Start

Quick Start is a FREE 14-day supply of NITYRTM that will allow eligible patients to begin therapy while the specialty pharmacy, Diplomat, secures appropriate benefit verifications and authorizations.

NityrTM (nitisinone) tablets 2 mg Directions for use: _____ #/Qty: _____ Refills: 3

NityrTM (nitisinone) tablets 5 mg Directions for use: _____ #/Qty: _____ Refills: 3

NityrTM (nitisinone) tablets 10 mg Directions for use: _____ #/Qty: _____ Refills: 3

Prescription

NityrTM (nitisinone) tablets 2 mg Directions for use: _____ #/Qty: _____ Refills: _____

NityrTM (nitisinone) tablets 5 mg Directions for use: _____ #/Qty: _____ Refills: _____

NityrTM (nitisinone) tablets 10 mg Directions for use: _____ #/Qty: _____ Refills: _____

NITYR (nitisinone) tablets is a 4-hydroxyphenyl-pyruvate dioxygenase inhibitor indicated for the treatment of hereditary tyrosinemia type 1 (HT-1) in combination with dietary restriction of tyrosine and phenylalanine. The recommended initial dosage is 0.5 mg/kg orally twice daily.

Titrate the dose based on biochemical and/or clinical response, as described in the full prescribing information. The maximum dosage is 1 mg/kg orally twice daily. Consult [Prescribing Information](#) before prescribing.

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

Patient/Caregiver's Signature: _____ Date: _____

I authorize Diplomat Pharmacy, Inc. to share my health and contact information, including my email address, with other entities who provide healthcare services to me, or who can provide additional therapy or nutrition support.

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.