

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

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.

Nityr TM (nitisinone) tablets 2 mg	Directions for use: _____	#/Qty: _____	Refills: 3
Nityr TM (nitisinone) tablets 5 mg	Directions for use: _____	#/Qty: _____	Refills: 3
Nityr TM (nitisinone) tablets 10 mg	Directions for use: _____	#/Qty: _____	Refills: 3

Prescription

Nityr TM (nitisinone) tablets 2 mg	Directions for use: _____	#/Qty: _____	Refills: _____
Nityr TM (nitisinone) tablets 5 mg	Directions for use: _____	#/Qty: _____	Refills: _____
Nityr TM (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.