



Nityr™ 21-Day Free Trial Program*

Phone: 844.767.5865

Fax: 855.282.0724

www.nityr.us

EnvoyHealth is the service provider for the free trial program of Nityr™ and the fulfillment of the Nityr™ Patient Support Program in the United States

Patient Information

Patient name: _____ DOB: _____
 Sex: Female Male SSN: _____
 Language: _____ Wt: _____ kg lbs Ht: _____ cm in
 Address: _____
 Apt/Suite: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Alternate: _____
 Email: _____
 Caregiver name: _____ Relation: _____
 Insurance plan: _____ Plan ID: _____

Prescriber + Shipping Information

Prescriber name: _____
 NPI: _____
 Address: _____
 Apt/Suite: _____ City: _____ State: _____ Zip: _____
 Contact: _____
 Phone: _____ Alternate: _____
 Fax: _____
 Email: _____
 Is 21-day free trial being shipped to prescriber : Yes No

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	Yes	No	Reason for Discontinuation of Therapy	Approximate Start Date	Approximate End Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Comorbidities: _____
 Concomitant Medications: _____
 Allergies: NKDA Other: _____

21-Day Free Trial Offer*

Nityr™ (nitisinone) tablets 2 mg Directions for use: _____ #/Qty: 21 day supply
 Nityr™ (nitisinone) tablets 5 mg Directions for use: _____ #/Qty: 21 day supply
 Nityr™ (nitisinone) tablets 10 mg Directions for use: _____ #/Qty: 21 day supply

Deliver with order: Reusable Oral Syringes Tablet Crusher Both

NITYR (nitisinone) tablets is a 4-hydroxyphenylpyruvate 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: www.nityr.us/pi

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

Stamp signature not allowed, physician signature required.

Patient/Caregiver's Signature: _____ Date: _____

I authorize EnvoyHealth 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 EnvoyHealth 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 EnvoyHealth.

Confidentiality Statement: This message is intended only for the individual or entity to which it is addressed. It may contain information which may be proprietary and confidential. It may also contain privileged, confidential information which is exempt from disclosure under applicable laws, including the Health Insurance Portability and Accountability Act (HIPAA). If you are not the intended recipient, please note that you are strictly prohibited from disseminating or distributing this information (other than to the intended recipient) or copying this information. If you received this communication in error, please notify the sender immediately by calling 844.767.5865 or by emailing compliance@diplomat.is to obtain instructions as to the proper destruction of the transmitted material. Thank you. US-0068 Dated of Preparation: May 2018

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***21-Day Free Trial Program:** Subject to terms and conditions, eligibility criteria and applicable state and federal laws. Eligible patients can try NITYR™ (nitisinone) tablets for 21 days for free as long as their doctor prescribes it. For full terms and conditions please visit: www.nityr.us/offertcs