Nityr™
(nitisinone)
Tablets

Phone: 1.800.847.8714
Fax: 1.800.842.5163

www.nityr.us

Diplomat is the exclusive pharmacy services provided for the distribution 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: _____
Caregiver name: _____ Relation: _____
Local pharmacy: _____ Phone: _____
Insurance plan: _____ Plan ID: _____
Please fax a copy of front and back of the insurance card(s).

Prescriber + Shipping Information

Prescriber name: _____
NPI: _____
Address: _____
Apt/Suite: _____ City: _____ State: Zip: _____
Contact: _____
Phone: _____ Alternate: _____
Fax: _____
Email: _____
If shipping to prescriber: ☐ First Fill ☐ Always ☐ 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: _____

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™ 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™ (nitisinone) tablets 2 mg			
☐	☐	Nityr™ (nitisinone) tablets 5 mg			
☐	☐	Nityr™ (nitisinone) tablets 10 mg			

Ancillary Supplies

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

Prescribing Information is available at www.nityr.us/PI

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.

Reset Form