



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

MITAPIVAT

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
MITAPIVAT SULFATE	PYRUKYND	47840		GPI-10 (8587005070)	

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Does the patient have a diagnosis of hemolytic anemia and meet **ALL** of the following criteria?
 - The patient is 18 years of age or older
 - The patient has pyruvate kinase (PK) deficiency

If yes, **approve for 6 months by HICL or GPI-10 with a quantity limit of #2 per day.**

If no, do not approve.

INITIAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **MITAPIVAT (Pyrukynd)** requires the following rule(s) be met for approval:

- A. You have hemolytic anemia (a type of blood condition)
- B. You are 18 years of age or older
- C. You have pyruvate kinase (PK: a type of enzyme) deficiency

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RENEWAL CRITERIA

1. Does the patient have a diagnosis of hemolytic anemia with and meet **ALL** of the following criteria?
 - The patient has pyruvate kinase (PK) deficiency
 - The patient has had clinical benefit while on Pyrukynd

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #2 per day.**

If no, do not approve.

DENIAL TEXT: See the renewal denial at the end of the guideline.

CONTINUED ON NEXT PAGE



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

MITAPIVAT

GUIDELINES FOR USE (CONTINUED)

RENEWAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **MITAPIVAT (Pyrukynd)** requires the following rule(s) be met for renewal:

- A. You have hemolytic anemia (a type of blood condition)
- B. You have pyruvate kinase (PK: a type of enzyme) deficiency
- C. You have had clinical benefit while on Pyrukynd

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Pyrukynd.

REFERENCES

- Pyrukynd [Prescribing Information]. Cambridge, MA: Agios Pharmaceuticals, Inc.; February 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 07/01/22

Created: 05/22

Client Approval: 05/22

P&T Approval: 04/22