

## mitapivat (PYRUKYND)

### Diagnoses Considered for Coverage:

- Pyruvate kinase deficiency anemia

### Coverage Criteria:

#### For diagnosis of pyruvate kinase deficiency anemia:

##### INITIAL AUTHORIZATION

- Prescribed by or in consultation with a specialist (e.g. hematologist), **and**
- Patient is at least 18 years old, **and**
- Current Hgb level is  $\leq 10$  gm/dL, **and**
- Dose does not exceed FDA label maximum.

**Coverage Duration:** 12 weeks

##### REAUTHORIZATION

- Increase in Hgb  $\geq 1.5$  gm/dL over baseline or reduction in transfusion burden, **and**
- Dose does not exceed FDA label maximum.

**Coverage Duration:** one year

**Coverage Duration:** See coverage criteria.

Effective Date: 8/2/2023