Reference number(s)
7600-A

Specialty Guideline Management
Mimrylo

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Mimrylo	rusfertide

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-approved Indications[1]

Mimrylo is indicated for the treatment of erythrocytosis in adults with polycythemia vera (PV).

All other indications are considered experimental/investigational and not medically necessary.

Coverage Criteria

Polycythemia Vera[1]

Authorization of 12 months may be granted for treatment of erythrocytosis in members with polycythemia vera.

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Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section if the member is experiencing benefit from therapy as evidenced by improvement in symptoms and/or disease markers (e.g., reduction in hematocrit, improvement in erythrocytosis) and there is no evidence of unacceptable toxicity.

References

1. Mimrylo [package insert]. Cambridge, MA: Takeda Pharmaceuticals America, Inc.; August 2026.

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