BlueCross BlueShield
Federal Employee Program

PYRUKYND
(mitapivat)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age and older

Diagnosis

Patient must have the following:

1. Hemolytic anemia with pyruvate kinase (PK) deficiency
    a. Confirmed by a PK deficiency test OR a mutation in the PKLR gene

AND ALL of the following:

1. Patient has **ONE** of the following:
    a. Hemoglobin ≤ 10 g/dL
    b. Six or more RBC transfusion episodes in the last 52 weeks (1 year)
2. **NO** moderate to severe hepatic impairment (Child-Pugh Class B or C)
3. Prescriber agrees to dose the patient based on hemoglobin levels and transfusion requirements
4. Prescriber agrees to discontinue treatment with Pyrukynd if no clinical benefit is observed by 24 weeks
5. Prescriber agrees to taper the Pyrukynd dose when discontinuing therapy to reduce the risk of acute hemolysis

Prior - Approval Limits

Quantity 168 tablets per 84 days

Duration 6 months

Prior – Approval *Renewal* Requirements

Age 18 years of age and older

Diagnosis

Patient must have the following:

1. Hemolytic anemia with pyruvate kinase (PK) deficiency

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AND ALL of the following:

1. Patient has clinical benefit from therapy as defined by **ONE** of the following:
    a. Increase in hemoglobin level
    b. Reduction in need for RBC transfusion
2. **NO** moderate to severe hepatic impairment (Child-Pugh Class B or C)
3. Prescriber agrees to dose the patient based on hemoglobin levels and transfusion requirements
4. Prescriber agrees to taper the Pyrukynd dose when discontinuing therapy to reduce the risk of acute hemolysis

Prior - Approval *Renewal* Limits

Quantity 168 tablets per 84 days

Duration 12 months