



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2023 P 1387-2
Program	Prior Authorization/Notification
Medication	Pyrukynd [®] (mitapivat)
P&T Approval Date	5/2022, 5/2023
Effective Date	8/1/2023; Oxford only: N/A

1. Background:

Pyrukynd[®] (mitapivat) is a pyruvate kinase activator indicated for the treatment of hemolytic anemia in adults with pyruvate kinase (PK) deficiency.

2. Coverage Criteria^a:

<p>A. <u>Initial Authorization</u></p> <p>1. Pyrukynd will be approved based on both of the following criteria:</p> <ul style="list-style-type: none">a. Diagnosis of pyruvate kinase (PK) deficiency <p style="text-align: center;">-AND-</p> <ul style="list-style-type: none">b. Used for the treatment of hemolytic anemia <p>Authorization will be issued for 6 months.</p> <p>B. <u>Reauthorization</u></p> <p>1. Pyrukynd will be approved based on one of the following criteria:</p> <ul style="list-style-type: none">a. Documentation of positive clinical response to Pyrukynd therapy <p style="text-align: center;">Authorization will be issued for 12 months.</p> <p style="text-align: center;">-OR-</p> <ul style="list-style-type: none">b. Documentation does not provide evidence of positive clinical response to Pyrukynd therapy, allow for dose titration with discontinuation of therapy <p>Authorization will be issued for 4 weeks.</p> <p>^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.</p>



3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.

4. References:

1. Pyrukynd [package insert]. Cambridge, MA: Agios Pharmaceuticals, Inc.; February 2022.

Program	Prior Authorization/Notification - Pyrukynd® (mitapivat)
Change Control	
5/2022	New program
5/2023	Annual review. Added state mandate footnote.