

UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2026 P 1518-1
Program	Prior Authorization/Notification
Medication	Aqvesme™ (mitapivat)
P&T Approval Date	4/2026
Effective Date	7/1/2026

**1. Background:**

Aqvesme (mitapivat) is a pyruvate kinase activator indicated for the treatment of anemia in adults with alpha- or beta-thalassemia.

**2. Coverage Criteria<sup>a</sup>:**

<p><b>A. <u>Initial Authorization</u></b></p> <p>1. <b>Aqvesme</b> will be approved based on <b>both</b> of the following criteria:</p> <p style="margin-left: 40px;">a. Diagnosis of alpha- or beta-thalassemia</p> <p style="text-align: center;"><b>-AND-</b></p> <p style="margin-left: 40px;">b. Used for the treatment of hemolytic anemia</p> <p><b>Authorization will be for 12 months.</b></p> <p><b>B. <u>Reauthorization</u></b></p> <p>1. <b>Aqvesme</b> will be approved based on the following criterion:</p> <p style="margin-left: 40px;">a. Documentation of positive clinical response to <b>Aqvesme</b> therapy</p> <p><b>Authorization will be issued for 12 months.</b></p> <p><sup>a</sup> 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>
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**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.
- Supply limits may be in place.

**4. References:**

1. Aqvesme [prescribing information]. Agios Pharmaceuticals, Inc. Cambridge, MA. December 2025.

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<b>Change Control</b>	
4/2026	New program