

## **Pharmacy Drug Policy Checklist**

POLICY NAME Pyrukynd (mitapivat) POLICY # 3167P

## Criteria

Exclusion Criteria – Any of the following prevents coverage	
	2.2 Patients with 2 non-missense mutations in PKLR, without another missense mutation (these patients did not demonstrate benefit from therapy in clinical trials)
Hen	nolytic Anemia related to Pyruvate Kinase Deficiency (PKD)
	<ul> <li>1.1 Diagnosis of hemolytic anemia related to Pyruvate Kinase Deficiency (PKD) as evidenced by genetic testing</li> <li>Genetic testing must support at least two mutant alleles of the PKLR gene of which at least one is a missense mutation</li> </ul>
	1.2 Age 18 years or older
	1.3 Prescribed by or in consultation with a hematologist (blood disorder doctor) or specialist in hemolytic anemia
	1.4 Patient has required red blood cell transfusions within the last year
	1.5 Hemoglobin level ≤ 10 mg/dL
	1.6 Currently taking folic acid 0.8mg daily