



**GEORGIA MEDICAID FEE-FOR-SERVICE
PYRUVATE KINASE DEFICIENCY AGENTS PA SUMMARY**

Preferred	Non-Preferred
Pyrukynd (mitapivat)*	n/a

*preferred but requires PA

LENGTH OF AUTHORIZATION: 6 months, 1 year

PA CRITERIA:

- ❖ Approvable for members 18 years of age or older with a diagnosis of hemolytic anemia due to pyruvate kinase deficiency who have at least 2 variant alleles in the pyruvate kinase liver and red blood cell (PKLR) gene, of which at least 1 is a missense variant.
- ❖ Medication must be prescribed by or in consultation with a hematologist.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.