



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

| <b>Preferred</b>      | <b>Non-Preferred</b> |
|-----------------------|----------------------|
| 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](http://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](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.