

# Drug Policy:

## Pyrukynd™ (mitapivat)

<b>POLICY NUMBER</b> UM ONC_1464	<b>SUBJECT</b> Pyrukynd™ (mitapivat)		<b>DEPT/PROGRAM</b> UM Dept	<b>PAGE 1 of 3</b>
<b>DATES COMMITTEE REVIEWED</b> 06/08/22, 05/10/23, 05/08/24	<b>APPROVAL DATE</b> May 08, 2024	<b>EFFECTIVE DATE</b> May 31, 2024	<b>COMMITTEE APPROVAL DATE</b> 06/08/22, 05/10/23, 05/08/24	
<b>PRIMARY BUSINESS OWNER: UM</b>		<b>COMMITTEE/BOARD APPROVAL</b> Utilization Management Committee		
<b>NCQA STANDARDS</b> UM 2		<b>ADDITIONAL AREAS OF IMPACT</b>		
<b>CMS REQUIREMENTS</b>	<b>STATE/FEDERAL REQUIREMENTS</b>		<b>APPLICABLE LINES OF BUSINESS</b> Commercial, Exchange, Medicaid	

### I. PURPOSE

To define and describe the accepted indications for Pyrukynd (mitapivat) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

Evolent is responsible for processing all medication requests from network ordering providers. Medications not authorized by Evolent may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15.

### II. INDICATIONS FOR USE/INCLUSION CRITERIA

#### A. Continuation requests for a not-approvable medication shall be exempt from this Evolent policy provided:

1. The requested medication was used within the last year, **AND**
2. The member has not experienced disease progression and/or no intolerance to the requested medication, **AND**
3. Additional medication(s) are not being added to the continuation request.

#### B. Hemolytic Anemia

1. Pyrukynd (mitapivat) will be used in combination with oral folic acid in a member with hemolytic anemia and documented confirmation of pyruvate kinase deficiency (PKD) **AND**
  - a. For initial treatment: The member has a Hgb level less than or equal to 10 g/dL within the last 4 weeks **OR**
  - b. For continuation of treatment: Following at least 3 months on therapy, the member has a documented response defined as a rise in Hgb from baseline greater than or equal to 1.5

g/dL and this was sustained without requiring a blood transfusion, including improvement in hemolysis markers (e.g., LDH, haptoglobin, reticulocyte, indirect bilirubin).

### III. EXCLUSION CRITERIA

- A. Disease progression while taking Pyrukynd (mitapivat) or inadequate response to Pyrukynd (mitapivat) at the maximum tolerate daily dose (i.e. 100 mg/day).
- B. Concurrent use with hematopoietic stimulating agents (e.g., epoetin/darbepoetin alfa, filgrastim/pegfilgrastim, oprelvekin, romiplostim, eltrombopag) or anabolic steroids, including testosterone preparations.
- C. The member has a history of acute hemolytic anemia, drug induced liver injury, anaphylaxis, rash of erythema multiforme type or Stevens-Johnson syndrome, or cholestatic hepatitis.
- D. Dosing exceeds single dose limit of Pyrukynd (mitapivat) 50 mg.
- E. Treatment with Pyrukynd (mitapivat) exceeds the maximum limit of 60 (5 mg), 60 (20mg),60 (50 mg) tablets/month
- F. Investigational use of Pyrukynd (mitapivat) with an off-label indication that is not sufficient in evidence or is not generally accepted by the medical community. Sufficient evidence that is not supported by CMS recognized compendia or acceptable peer reviewed literature is defined as any of the following:
  - 1. Whether the clinical characteristics of the patient and the cancer are adequately represented in the published evidence.
  - 2. Whether the administered chemotherapy/biologic therapy/immune therapy/targeted therapy/other oncologic therapy regimen is adequately represented in the published evidence.
  - 3. Whether the reported study outcomes represent clinically meaningful outcomes experienced by patients. Generally, the definition of Clinically Meaningful outcomes are those recommended by ASCO, e.g., Hazard Ratio of less than 0.80 and the recommended survival benefit for OS and PFS should be at least 3 months.
  - 4. Whether the experimental design, in light of the drugs and conditions under investigation, is appropriate to address the investigative question. (For example, in some clinical studies, it may be unnecessary or not feasible to use randomization, double blind trials, placebos, or crossover).
  - 5. That non-randomized clinical trials with a significant number of subjects may be a basis for supportive clinical evidence for determining accepted uses of drugs.
  - 6. That case reports are generally considered uncontrolled and anecdotal information and do not provide adequate supportive clinical evidence for determining accepted uses of drugs.
  - 7. That abstracts (including meeting abstracts) without the full article from the approved peer-reviewed journals lack supporting clinical evidence for determining accepted uses of drugs.

### IV. MEDICATION MANAGEMENT

- A. Please refer to the FDA label/package insert for details regarding these topics.

### V. APPROVAL AUTHORITY

- A. Review – Utilization Management Department
- B. Final Approval – Utilization Management Committee

## VI. ATTACHMENTS

- A. None

## VII. REFERENCES

- A. Al-Samkari H, et al. ACTIVATE Clinical Trial. Mitapivat versus Placebo for Pyruvate Kinase Deficiency. N Engl J Med. 2022 Apr 14;386(15):1432-1442.
- B. Pyrukynd prescribing information. Agios Pharmaceuticals, Inc. Cambridge, MA 2022.
- C. Clinical Pharmacology Elsevier Gold Standard 2023.
- D. Micromedex® Healthcare Series: Micromedex Drugdex Ann Arbor, Michigan 2023.
- E. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium 2023.
- F. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs Bethesda, MD 2023.
- G. Ellis LM, et al. American Society of Clinical Oncology perspective: Raising the bar for clinical trials by defining clinically meaningful outcomes. J Clin Oncol. 2014 Apr 20;32(12):1277-80.
- H. Medicare Benefit Policy Manual Chapter 15 Covered Medical and Other Health Services: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>.