

**Louisiana Medicaid
Mitapivat (Aqvesme™)**

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for mitapivat (Aqvesme™).

Additional Point-of-Sale edits may apply.

By submitting the authorization request, the prescriber attests to the conditions available [HERE](#).

Approval Criteria for Initiation of Therapy

- The recipient is 18 years of age or older on the date of the request; **AND**
- The recipient has a diagnosis of thalassemia with one of the following genotypes:
 - Beta thalassemia; **OR**
 - Hemoglobin E/beta thalassemia; **OR**
 - Hemoglobin H/alpha thalassemia; **AND**
- **ONE** of the following is true and **stated on the request**:
 - The recipient has received ≥ 6 red blood cells (RBC) units in the last 6 months; **OR**
 - The recipient has a hemoglobin concentration ≤ 10 g/dL obtained within the last month; **AND**
- This medication is prescribed by, or the request states that the medication is being prescribed in consultation with, a hematologist.

Duration of approval for initiation of therapy: 6 months

Approval Criteria for Continuation of Therapy

- The prescriber **states on the request** that the recipient is established on the medication with evidence of a positive response to therapy based on **ONE** of the following:
 - A reduction in the number of red blood cell units transfused; **OR**
 - A ≥ 1 g/dL increase in average Hb concentration.

Duration of approval for continuation of therapy: 12 months

References

ClinicalTrials.gov. A Study Evaluating the Efficacy and Safety of Mitapivat in Participants With Non-Transfusion-Dependent Alpha- or Beta-Thalassemia (α - or β -NTDT).

<https://clinicaltrials.gov/study/NCT04770753>

ClinicalTrials.gov. A Study Evaluating the Efficacy and Safety of Mitapivat in Participants With Transfusion-Dependent Alpha- or Beta-Thalassemia (α - or β -TDT) (ENERGIZE-T).

<https://clinicaltrials.gov/study/NCT04770779>

Aqvesme (mitapivat) [package insert]. Cambridge, MA: Agios Pharmaceuticals, Inc; December 2025.

<https://www.agios.com/prescribinginfoAqvesme.pdf>

Revision / Date	Implementation Date
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