SENTARA COMMUNITY PLAN
(MEDICAID)

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: **The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request**. All other information may be filled in by office staff; **fax to 1-800-750-9692**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

Drug Requested: Kygevvi® (doxecitine and doxribtimine)

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member Sentara #: _____ **Date of Birth:** _____

Prescriber Name: _____

Prescriber Signature: _____ **Date:** _____

Office Contact Name: _____

Phone Number: _____ **Fax Number:** _____

NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Name/Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy**: _____

Diagnosis: _____ **ICD Code, if applicable:** _____

Weight (if applicable): _____ **Date weight obtained:** _____

Requested Medication is ONE of the following:

- ❑ New Start
- ❑ Continuation of therapy

Recommended Dosing: Kygevvi dosing is weight-based and includes three recommended dosage levels. Titrate to the next dosage level based on tolerability after a minimum of 2 weeks at the current dose. Administer Kygevvi orally in 3 equally divided doses with food.

Kygevvi Dosage Level	Kygevvi Dosage (mg/kg/day)
Starting	260 mg/kg/day (consisting of 130 mg doxecitine and 130 mg doxribtimine)
Intermediate	520 mg/kg/day (consisting of 260 mg doxecitine and 260 mg doxribtimine)
Maintenance	800 mg/kg/day (consisting of 400 mg doxecitine and 400 mg doxribtimine)

Quantity Limit: 16 packets per day

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Number of Packets Based on Total Daily Dose per Prescribing Information

Total Daily Dose (mg/day)	Total Number of Kygevvi Packets for Reconstitution
750 – 4,049	1
4,050 – 8,249	2
8,250 – 12,749	3
12,750 – 17,249	4
17,250 – 21,749	5
21,750 – 24,749	6
24,750 – 29,249	7
29,250 – 33,749	8
33,750 – 38,249	9
38,250 – 42,749	10
42,750 – 47,249	11
47,250 – 51,749	12
51,750 – 54,749	13
54,750 – 59,249	14
59,250 – 63,749	15
63,750 – 68,249	16

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

Initial Authorization: 12 months

- ❑ Medication must be prescribed by or in consultation with a specialist in the area of the member's diagnosis (e.g., neurologist, geneticist, pulmonologist)
- ❑ Member has a diagnosis of thymidine kinase 2 deficiency (TK2d) confirmed by genetic testing
- ❑ Member experienced symptom onset of TK2 deficiency on or before 12 years of age [**NOTE: Examples of symptoms consistent with TK2d include progressive muscle weakness, hypotonia (i.e., low muscle tone), respiratory insufficiency, loss of motor skills, feeding and/or swallowing difficulties, facial weakness/paralysis, ptosis (i.e., drooping eyelid[s]), ophthalmoparesis (i.e., difficulty moving the eyes), developmental delay and regression, hearing loss, and seizures]**

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- ❑ Member has baseline liver transaminases (ALT, AST) and total bilirubin levels prior to treatment initiation and these parameters will be monitored at least annually during therapy and as clinically indicated

Reauthorization: 12 months. Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

- ❑ Member continues to meet the initial criteria
- ❑ Member continues to experience clinical benefit from the requested treatment

Medication being provided by Specialty Pharmacy – PropriumRx

Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.

Previous therapies will be verified through pharmacy paid claims or submitted chart notes.*

***Approved by Pharmacy and Therapeutics Committee**: 5/28/2026
REVISED/UPDATED/REFORMATTED: ~~6/15/2026;~~ **10/16/2026**