

Kygevvi (doxecitine/doxribtimine)
 Effective 07/01/2026

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Medical Benefit	Phone: 833-895-2611	Fax: 888-656-6671
	Pharmacy Benefit	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	N/A		

Overview

Kygevvi is a combination of doxecitine and doxribtimine, both pyrimidine nucleosides. It is indicated for the treatment of thymidine kinase 2 deficiency (TK2d) in adults and pediatric patients with an age of symptom onset on or before 12 years.

Coverage Guidelines

If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with requested drug, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted when all of the following criteria are met:

1. Diagnosis of thymidine kinase 2 deficiency (TK2d)
2. Diagnosis is confirmed by genetic testing that detects variants in the TK2 gene
3. Submission of medical records (e.g., chart notes) documenting initial symptom onset on or before 12 years of age
4. Requested medication is prescribed by or in consultation with one of the following:
 - a. Neurologist
 - b. Specialist experienced in managing mitochondrial myopathies

Continuation of Therapy

Requests for reauthorization will be approved when the following criteria are met:

1. Submission of medical records (e.g., chart notes) documenting stable or improved motor, respiratory or other clinical symptoms

Limitations

1. Initial approvals will be granted for 6 months
2. Reauthorizations will be granted for 12 months

References

1. Kygevvi (doxecitine/doxribtimine) [prescribing information]. Smyrna, GA: UCB, Inc.; November 2025.

Review History

04/15/2026 – Created and reviewed at April P&T. Effective 07/01/2026.

