

**PIASKY
(crovalimab-akkz)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 13 years of age or older

Diagnosis

Patient must have the following:

1. Paroxysmal nocturnal hemoglobinuria (PNH)

AND ALL of the following:

- a. Weight \geq 40 kg
- b. Documented baseline value for serum lactate dehydrogenase (LDH)
- c. Vaccination against *Neisseria meningitidis* at least 2 weeks prior to initiation [unless Piasky (crovalimab-akkz) treatment cannot be delayed]
- d. Prescriber is enrolled in Piasky REMS program
- e. **NO** dual therapy with another Prior Authorization (PA) medication for PNH (see Appendix 1)

Prior - Approval Limits

Quantity 9 vials (for loading doses) +
9 vials per 84 days

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 13 years of age or older

Diagnosis

Patient must have the following:

1. Paroxysmal nocturnal hemoglobinuria (PNH)

AND ALL of the following:

PIASKY
(crovalimab-akkz)

- a. Weight \geq 40 kg
- b. Decrease in serum LDH from pretreatment baseline
- c. Absence of unacceptable toxicity from the drug
- d. Prescriber is enrolled in Piasky REMS program
- e. **NO** dual therapy with another Prior Authorization (PA) medication for PNH (see Appendix 1)

Prior - Approval *Renewal* Limits

Quantity 9 vials per 84 days

Duration 12 months

Appendix 1 - List of PA Medications for PNH

Generic Name	Brand Name
crovalimab-akkz	Piasky
eculizumab	Soliris
iptacopan	Fabhalta
pegcetacoplan	Empaveli
ravulizumab-cwvz	Ultomiris