

Complement Inhibitors and Miscellaneous Immunosuppressive Agents
Piasky (crovalimab-akkz)
Effective 02/18/2025

Plan	<input checked="" type="checkbox"/> MassHealth UPPL <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
Notes	Additional agents from this class are available through the pharmacy benefit. Please see the MassHealth Drug List for coverage and criteria.		

Overview

Piasky (crovalimab-akkz) is indicated for the treatment of adult and pediatric patients 13 years and older with paroxysmal nocturnal hemoglobinuria (PNH) and body weight of at least 40 kg.

Coverage Guidelines

Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

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

1. Diagnosis of paroxysmal nocturnal hemoglobinuria (PNH)
2. Prescriber is a hematologist or consult notes from specialist are provided
3. Member is \geq 13 years of age
4. Appropriate dosing

Continuation of Therapy

Resubmission by prescriber will infer a positive response to therapy.

Limitations

1. Initial and reauthorizations will be granted for 1 year.

References

1. Piasky® [package insert]. San Francisco (CA): Genentech, Inc.; 2024 Jun.

Review History

01/2025 – Created for P&T. New drug added to medical benefit with PA. Adopted MH criteria without preferred product requirement. Effective 02/18/25

