



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Medical benefit drug policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and therefore subject to change.

Effective Date: 08/08/2024

PiaSky (crovalimab-akkz)

HCPCS: J3590

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

- A. Coverage of the requested drug is provided when all the following are met:
 - a. FDA approved indication
 - b. FDA approved age
 - c. Flow cytometric confirmation of paroxysmal nocturnal hemoglobinuria (PNH) type III red cells
 - d. Had at least 1 transfusion in 12 months preceding Piasky
OR
 - e. Documented history of major adverse thrombotic vascular events from thromboembolism
OR
 - f. Patient has high disease activity defined as a lactic dehydrogenase (LDH) level ≥ 1.5 times the upper limit of normal with one of the following symptoms:
 - i. Weakness
 - ii. Fatigue
 - iii. Hemoglobinuria
 - iv. Abdominal pain
 - v. Dyspnea
 - vi. Hemoglobin < 10 g/dL
 - vii. A major vascular event
 - viii. Dysphagia
 - ix. Erectile dysfunction
 - g. Must not be used in combination with Soliris®, Ultomiris®, or other medications to treat PNH
 - h. Trial and failure, contraindication, or intolerance to Empaveli™
 - i. Trial and failure, contraindication, OR intolerance to the preferred drugs as listed in BCBSM/BCN's prior authorization and step therapy documents
- B. Quantity Limitations, Authorization Period and Renewal Criteria
 - a. Quantity Limits: Align with FDA recommended dosing
 - b. Authorization Period: One year at a time
 - c. Renewal Criteria: Clinical documentation must be provided to confirm that current criteria are met and that the medication is providing clinical benefit

This policy and any information contained herein is the property of Blue Cross Blue Shield of Michigan and its subsidiaries, is strictly confidential, and its use is intended for the P&T committee, its members and BCBSM employees for the purpose of coverage determinations.

***Note: Coverage and approval duration may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at <http://www.cms.hhs.gov/>. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Background Information:

- PiaSky is a complement C5 inhibitor 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.
- Paroxysmal nocturnal hemoglobinuria is a rare acquired hematopoietic stem cell disorder in which red blood cells undergo cell lysis prematurely mediated by the alternative pathway of complement (APC). PNH arises due to a somatic mutation of the PIGA gene whose protein product is a glycosyl transferase. Glycosyl transferase is part of the biosynthetic pathway that generates glycosyl phosphatidylinositol (GPI) that serves as an anchor for membrane bound proteins on hematopoietic lineage cells. The mutation in PIGA results in a lack of glycosyl transferase activity and near-complete or complete absence of expression of all proteins that are GPI-anchored, including the complement inhibitory proteins CD55 and CD59. The deficiency of CD55 and CD59 cause the complement-mediated intravascular hemolysis characteristic of PNH.
- Phenotypic mosaicism of the peripheral blood is a characteristic feature of PNH and is based on quantitative differences in complement sensitivity. Cell complement sensitivity is divided into 3 types. PNH type I cells are defined by having normal sensitivity to complement-mediated lysis. PNH type II cells are moderately complement sensitive or 2 - 4 times more sensitive than normal. Finally, PNH type III cells are markedly complement sensitive or 15 - 25 times more sensitive than normal. Complement sensitivity varies greatly from patient to patient depending on their unique phenotypic mosaicism. Erythrocyte phenotype is clinically relevant as patients with primarily type II cells have a relatively benign clinical course. In contrast, those who have more type III cells, which are completely deficient in CD55 and CD59, will have a more severe clinical course due to increased complement-mediated hemolysis. There is no guideline recommended cutoff for when PNH can be diagnosed based on percentage of PNH type III cells.
- For patients with high disease activity, PNH complications increase significantly. High disease activity is defined as an elevated LDH greater than or equal to 1.5 times the upper limit of normal with constitutional symptoms of weakness, fatigue, hemoglobinuria, abdominal pain, dyspnea, hemoglobin less than 10 g/dL, dysphagia, and erectile dysfunction. Patients with an elevated LDH and at least one additional symptom should begin treatment with Piasky.
- Thrombotic complications are the leading cause of morbidity and mortality in PNH. Acute thrombotic events require anticoagulation with heparin. If there is no contraindication, anticoagulation should continue indefinitely for a patient with PNH who has experienced a thromboembolic complication. Piasky should be initiated if a patient has experienced a thrombotic vascular event. For patients being treated with Piasky and no history of thromboembolic complications, prophylactic anticoagulation may be unnecessary, although it is recommended that anticoagulation continue for those patients who experienced a thromboembolic event prior to initiating therapy with Piasky.
- PiaSky has been shown to decrease the number of blood transfusions required by patients and stabilize hemoglobin levels. It has been studied in patients with no transfusions in the 12 months prior to starting therapy, however, the median number of packed red blood cell (pRBC) units transfused in the 12 months prior to screening was 3.8 units.
- PiaSky has not been studied and there is no data to support use in combination with other medications used to treat PNH, such as, Ultomiris. However, for patients switching from Soliris or Ultomiris, Piasky's first intravenous loading dose should be administered no sooner than the time of the next scheduled complement inhibitor dose.

This policy and any information contained herein is the property of Blue Cross Blue Shield of Michigan and its subsidiaries, is strictly confidential, and its use is intended for the P&T committee, its members and BCBSM employees for the purpose of coverage determinations.

References:

1. Piasky [prescribing information]. South San Francisco, CA: Genentech, Inc.; June 2024.
2. Clinicaltrials.gov. A phase III study evaluating the efficacy and safety of crovalimab versus eculizumab in participants with paroxysmal nocturnal hemoglobinuria (PNH) not previously treated with complement inhibitors (NCT04434092). Available at: <https://classic.clinicaltrials.gov/ct2/show/NCT04434092>. Accessed on June 25, 2024.
3. National Organization for Rare Disorders. Paroxysmal nocturnal hemoglobinuria. 2024 May 29. Available at: <https://rarediseases.org/rare-diseases/paroxysmal-nocturnal-hemoglobinuria/>. Accessed on June 25, 2024.
4. Parker CJ. Update on the diagnosis and management of paroxysmal nocturnal hemoglobinuria. Hematology Am Soc Hematol Educ Program. 2016 Dec 2; 2016 (1): 208 - 16.
5. Brodsky, RA. Paroxysmal nocturnal hemoglobinuria. Blood. 2014 Oct 30; 124 (18): 2804 - 11.
6. Sahin F, Akay OM, Ayer M, et al. Pesp PNH diagnosis, follow-up and treatment guidelines. Am J Blood Res. 2016; 6 (2): 19 – 27.
7. Borowitz MJ, Craig FE, DiGiuseppe JA, et al. Guidelines for the diagnosis and monitoring of paroxysmal nocturnal hemoglobinuria and related disorders by flow cytometry. Cytometry Part B (Clinical Cytometry). 2010; 78B: 211 – 30.
8. Luzzatto L & Gianfaldoni G. Recent advances in biological and clinical aspects of paroxysmal nocturnal hemoglobinuria. International J Hematology. 2006; 84: 104 - 12.
9. Hill A, Kelly RJ, & Hillmen P. Thrombosis in paroxysmal nocturnal hemoglobinuria. Blood. 2013; 121 (25): 4985 - 96.
10. Cançado RD, Araújo A da S, Sandes AF, et al. Consensus statement for diagnosis and treatment of paroxysmal nocturnal haemoglobinuria. Hematol Transfus Cell Ther. 2021; 43 (3): 341 - 8.

Policy History												
#	Date	Change Description										
1.2	Effective Date: 10/01/2024	UM medical management system update for MAPPO and BCNA <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>Line of Business</th> <th>PA Required in Medical Management System (Yes/No)</th> </tr> </thead> <tbody> <tr> <td>BCBS</td> <td>Yes</td> </tr> <tr> <td>BCN</td> <td>Yes</td> </tr> <tr> <td>MAPPO</td> <td>Yes</td> </tr> <tr> <td>BCNA</td> <td>Yes</td> </tr> </tbody> </table>	Line of Business	PA Required in Medical Management System (Yes/No)	BCBS	Yes	BCN	Yes	MAPPO	Yes	BCNA	Yes
Line of Business	PA Required in Medical Management System (Yes/No)											
BCBS	Yes											
BCN	Yes											
MAPPO	Yes											
BCNA	Yes											
1.1	Effective Date: 08/08/2024	New Policy										
1.0	Effective Date: 07/11/2024	UM medical management system update for BCBS and BCN <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>Line of Business</th> <th>PA Required in Medical Management System (Yes/No)</th> </tr> </thead> <tbody> <tr> <td>BCBS</td> <td>Yes</td> </tr> <tr> <td>BCN</td> <td>Yes</td> </tr> <tr> <td>MAPPO</td> <td>No</td> </tr> <tr> <td>BCNA</td> <td>No</td> </tr> </tbody> </table>	Line of Business	PA Required in Medical Management System (Yes/No)	BCBS	Yes	BCN	Yes	MAPPO	No	BCNA	No
Line of Business	PA Required in Medical Management System (Yes/No)											
BCBS	Yes											
BCN	Yes											
MAPPO	No											
BCNA	No											

* The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or <http://dailymed.nlm.nih.gov/dailymed/index.cfm>.

This policy and any information contained herein is the property of Blue Cross Blue Shield of Michigan and its subsidiaries, is strictly confidential, and its use is intended for the P&T committee, its members and BCBSM employees for the purpose of coverage determinations.

Blue Cross Blue Shield/Blue Care Network of Michigan Medication Authorization Request Form



Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

This form is to be used by participating physicians to obtain coverage for **drugs covered under the medical benefit**. For commercial members only, please complete this form and submit via fax to 1-877-325-5979. If you have any questions regarding this process, please contact BCBSM Provider Relations and Servicing or the Medical Drug Helpdesk at 1-800-437-3803 for assistance.

PATIENT INFORMATION	PHYSICIAN INFORMATION
Name	Name
ID Number	Specialty
D.O.B. <input type="checkbox"/> Male <input type="checkbox"/> Female	Address
Diagnosis	City /State/Zip
Drug Name	Phone/Fax: P: () - F: () -
Dose and Quantity	NPI
Directions	Contact Person
Date of Service(s)	Contact Person Phone / Ext.

STEP 1: DISEASE STATE INFORMATION

1. Is this request for: Initiation Continuation *Date patient started therapy:* _____
2. Administered by patient or a medical professional? patient (self) health care professional (physician, nurse, etc.)
3. Site of administration? Provider office/Home infusion Other: _____
 Hospital outpatient facility (go to #4) *Reason for Hospital Outpatient administration:* _____
 Hospital inpatient facility for Car-T therapy only (for example: Kymriah, Yescarta, or Tecartus) (go to #5)
4. Please specify location of administration if hospital outpatient infusion: _____
5. Please specify location of administration if hospital inpatient infusion: _____
6. Please provide the NPI number for the place of administration: _____
7. **Initiation AND Continuation of therapy:**
 - a. What is the patient's diagnosis? _____
 - b. What other medication has the patient received for their condition? Please list _____
 - i. Please describe the response to previous therapies: _____
 - c. Will the patient be receiving any other treatment for the listed condition while on this medication? Please list: _____
 - d. Please list any labs values important for diagnosing or monitoring this patient's condition: _____
8. **Continuation of therapy:**
 - a. Has the patient progressed while on this medication? yes no
 - b. How has the patient's condition changed while on this medication?
 - Improved; Please describe: _____
 - Stable; please describe: _____
 - Worsened; Please describe: _____
 - Other; Please describe: _____

Chart notes are required for the processing of all requests. Please add any other supporting medical information necessary for our review (required)

Coverage will not be provided if the prescribing physician's signature and date are not reflected on this document.

Request for expedited review: I certify that applying the standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function

Physician's Name	Physician Signature	Date
Step 2: Checklist	<input type="checkbox"/> Form Completely Filled Out <input type="checkbox"/> Provide chart notes	<input type="checkbox"/> Attach test results
Step 3: Submit	By Fax: BCBSM Specialty Pharmacy Mailbox 1-877-325-5979	By Mail: BCBSM Specialty Pharmacy Program P.O. Box 312320, Detroit, MI 48231-2320

Confidentiality notice: This transmission contains confidential information belonging to the sender that is legally privileged. This information is intended only for use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of this document is strictly prohibited. If you have received this in error, please notify the sender to arrange for the return of this document.