Revcovi® (Elapegademase-ivlr)

**Medical Guideline Disclaimer**

Property of EmblemHealth. All rights reserved. The treating physician or primary care provider must submit to EmblemHealth the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request for prior authorization. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary. If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication. EmblemHealth Services Company LLC, (“EmblemHealth”) has adopted the herein policy in providing management, administrative and other services to HIP Health Plan of New York, HIP Insurance Company of New York, Group Health Incorporated, GHI HMO Select, ConnectiCare, Inc., ConnectiCare Insurance Company, Inc. ConnectiCare Benefits, Inc., and ConnectiCare of Massachusetts, Inc. related to health benefit plans offered by these entities. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

**Definition**

Elapegademase is a recombinant adenosine deaminase indicated for the treatment of adenosine deaminase severe combined immune deficiency (ADA-SCID) in adult and pediatric patients. It is a conjugate of multiple strands of monomethoxypolyethylene glycol attached to ADA derived from bovine intestine. SCID associated with ADA deficiency is a rare, inherited disorder that is often fatal. Patients with this disorder experience an accumulation of adenosine and 2'-deoxyadenosine, which causes metabolic abnormalities that are directly toxic to lymphocytes. Patients with SCID have extreme susceptibility to infection, which can lead to death in infancy if immunologic reconstitution cannot be achieved. The majority of patients affected also have significant lymphopenia. The frequency of SCID has been estimated to range from 1 in 50,000 to 1 in 500,000 births. SCID can only be cured by bone marrow transplantation. Elapegademase is a specific ADA enzyme replacement and will not benefit patients with immunodeficiency due to other causes. Adherence to a strict treatment schedule of elapegademase therapy, including careful monitoring of trough plasma ADA activity, trough deoxyadenosine nucleotide (dAXP), and/or total lymphocyte counts, has been shown to increase plasma or serum ADA activity and lymphocyte counts and eliminate the toxic metabolites caused by ADA deficiency. Immune function, including the ability to produce antibodies, generally improves after 2 to 6 months of therapy and may continue to improve over a longer period.

**Length of Authorization**

Coverage will be provided for 12 months and may be renewed.

**Dosing Limits**

Max Units (per dose and over time) [Medical Benefit]:

- 23 mg twice weekly
I. INITIAL APPROVAL CRITERIA

Revcovi may be considered medically necessary if the below condition is met AND use is consistent with the medical necessity criteria that follows:

1) Adenosine Deaminase Severe Combined Immunodeficiency (ADA-SCID).
   a. The patient has a diagnosis of ADA-SCID confirmed by one of the following:
      i. At baseline (i.e., prior to initiating enzyme replacement therapy), the patient has had absent or very low (< 1% of normal) adenosine deaminase (ADA) catalytic activity; OR
      ii. The patient has had molecular genetic testing confirming bi-allelic mutations in the ADA gene; AND
   b) The medication is prescribed by, or in consultation with, an immunologist, hematologist/oncologist, or physician that specializes in ADA-SCID or related disorders.

Limitations/Exclusions
Coverage is not recommended for circumstances not listed in the Initial Approval Criteria.

II. RENEWAL CRITERIA

• Patient continues to meet INITIAL APPROVAL CRITERIA.
• Absence of unacceptable toxicity from the drug including severe injection site reactions (e.g., bleeding), severe thrombocytopenia, etc.; AND
• Adequate documentation of disease stability and/or improvement as indicated by one or more of the following:
  o Increase in plasma ADA activity (target trough level ≥ 15 mmol/hr/L)
  o Red blood cell dATP level decreased (target ≤ 0.005 to 0.015 mmol/L)
  o Improvement in immune function with diminished frequency/complications of infection as evidenced in improvement in the ability to produce antibodies
  o Improvement in red blood cell dAXP levels (target trough level ≤ 0.02 mmol/L)

Dosage/Administration

<table>
<thead>
<tr>
<th>Indication</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adenosine deaminase deficiency</td>
<td>Patients transitioning from Adagen to Revcovi:</td>
</tr>
<tr>
<td></td>
<td>• If a patient’s weekly Adagen dose is unknown, or a patient’s weekly Adagen dose is at or lower than 30 U/kg, the recommended minimum starting dose of Revcovi is 0.2 mg/kg, intramuscularly, once a week</td>
</tr>
<tr>
<td></td>
<td>• If a patient’s weekly Adagen dose is above 30 U/kg, an equivalent weekly Revcovi dose (mg/kg) should be calculated using the following conversion formula: Revcovi dose in mg/kg = Adagen dose in U/kg ÷ 150</td>
</tr>
<tr>
<td></td>
<td>• Subsequent doses may be increased by increments of 0.033 mg/kg weekly if trough ADA activity is under 30 mmol/hr/L, trough deoxyadenosine nucleotides (dAXP) are above 0.02 mmol/L, and/or the immune reconstitution is inadequate based on the clinical assessment of the patient. The total weekly dose may be divided into multiple intramuscular (IM) administrations during a week.</td>
</tr>
<tr>
<td></td>
<td>Adagen-naïve patients:</td>
</tr>
</tbody>
</table>
• The starting weekly dose of Revcovi is 0.4 mg/kg based on ideal body weight, divided into two doses (0.2 mg/kg twice a week), intramuscularly, for a minimum of 12 to 24 weeks until immune reconstitution is achieved.

• The dose may be gradually adjusted down to maintain trough ADA activity over 30 mmol/hr/L, trough dAXP level under 0.02 mmol/L, and/or to maintain adequate immune reconstitution based on clinical assessment of the patient.

Applicable Procedure Codes

| J3590  | Unclassified Biologics |

Applicable NDCs

| 57665-0002-xx | Revcovi 2.4 mg/1.5 mL single-dose vial |

Applicable Diagnosis Codes

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>ICD-10 Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D81.3</td>
<td>Adenosine deaminase (ADA) deficiency</td>
</tr>
</tbody>
</table>

Revision History

| 03/30/2020 | Annual Review |

References

1) Revcovi™ [prescribing information]. Gaithersburg, MD: Leadiant Biosciences, Inc; October 2018.