

POLICY NAME	Revcovi (elapegedemase)	POLICY #	2706P
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Criteria

Coverage Criteria

- ☐ **1.1** Diagnosis of severe combined immunodeficiency disease (SCID) with a definitive diagnosis of adenosine deaminase deficiency as determined by one of the following:
 - ☐ Deficient ADA catalytic activity (<1% of normal) in hemolysates (in untransfused individuals) or in extracts of other cells (e.g., blood mononuclear cells, fibroblasts); OR ☐ Detection of pathogenic mutations in the ADA gene by molecular genetic testing
- ☐ **1.2** Documentation that the patient has a marked elevation of the metabolite of dATP or total dAdo nucleotides (the sum of dAMP, dADP, and dATP) in erythrocytes
- ☐ **1.3** Documentation that the patient is not a candidate for or has failed bone marrow transplantation (BMT)
- ☐ **1.4** Baseline values for plasma ADA activity, red blood cell deoxyadenosine triphosphate (dATP), trough deoxyadenosine nucleotide (dAXP) levels and/or total lymphocyte counts have been obtained
- ☐ **1.5** Review of chart notes and labs documenting diagnosis and confirming that patient has met all of the above requirements for treatment with Revcovi by both a pharmacist and medical director

Exclusion Criteria – Any of the following prevents coverage

- ☐ **2.1** Patient has severe thrombocytopenia (low platelets defined as <50,000/microl)