Mass General Brigham
Health Plan

Adagen (pegademase bovine) injection
Effective 01/01/2024

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ 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		
Exceptions	N/A		

Overview
Adagen is indicated for enzyme replacement therapy for adenosine deaminase (ADA) deficiency in patients with severe combined immunodeficiency disease (SCID) who are not suitable candidates for—or who have failed—bone marrow transplantation. Adagen is recommended for use in infants from birth or in children of any age at the time of diagnosis.

Coverage Guidelines
Authorization may be granted for members new to the plan who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted when the following criteria is met:

1. Member has a diagnosis of severe combined immunodeficiency disease (SCID) associated with adenosine deaminase (ADA) deficiency when the condition has failed to respond to a bone marrow transplant (BMT) or the member is not currently a suitable candidate for BMT
2. Submission of medical records of enzyme assay or genetic testing results supporting diagnosis of ADA deficiency.

Continuation of Therapy
Reauthorizations may be granted for members who are experiencing benefit from therapy as evidenced by disease stability or disease improvement.

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months.

References

1. Adagen [package insert]. Gaithersburg, MD: Leadiant Biosciences, Inc.; November 2017.

Review History
12/13/2023: Reviewed at Dec P&T, switched from SGM to Custom. Effective 1/1/2024