

**Revcovi (elapegademase)**  
**Effective 01/01/2026**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Medical Benefit</b> <b>Pharmacy Benefit</b>	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
<b>Exceptions</b>	N/A		

### Overview

Revcovi (elapegademase-lvrl) is a recombinant adenosine deaminase indicated for the treatment of adenosine deaminase severe combined immune deficiency (ADA-SCID) in pediatric and adult patients

### Coverage Guidelines

Authorization may be granted for members new to the plan with the past 90 days 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 are met:

- Member has confirmed 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 patients) or in extracts of other cells (e.g., blood mono nuclear cells, fibroblasts)
  - Detection of mutations in the ADA gene by molecular genetic testing
- Member has a marked elevations of the metabolite dATP or total dAdo nucleotides in erythrocytes
- Member is not a candidate for or has failed a bone marrow transplant
- Documentation of baseline values for plasma ADA activity red blood cell deoxyadenosine triphosphate (dATP), trough deoxyadenosine nucleotide (dAXP) and/or lymphocyte counts have been obtained.

### Continuation of Therapy

Requests for reauthorization will be approved all of the following criteria are met:

- Member continues to meet initial criteria
- Documentation of disease stability and/or improvement as evidenced by one or more of the following:
  - Increase in plasma ADA activity (target trough level  $\geq 15$  mmol/hr/L)
  - Red blood cell dATP level decreased (target  $\leq 0.005$  to  $0.015$  mmol/L)
  - Improvement in immune function with decrease in frequency of infections
  - Improvement in red blood cell dAXP levels (target trough level  $\leq 0.02$  mmol/L)

### Limitations

Initial approvals and reauthorizations will be granted for 12 months.

## Appendix

### Recommended Dosing

- For Adagen-naïve patients;
  - Starting dose of Revcovi is 0.2mg/kg twice a week IM for minimum of 12 to 24 weeks
  - Dose maybe 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 function.
- For patients transitioning from Adagen to Revcovi:
  - If a patient's weekly Adagen dose is unknown or is at or lower than 30U/Kg, recommended starting of Revcovi is 0.2mg/kg, IM once a week
  - If a patient's weekly Adagen dose is above 30 U/kg, the equivalent Revcovi dose should be calculated as follows:

Revcovi dose in mg/kg = (Adagen dose in U/kg) ÷150

### References

1. Revcovi (elapegademase-ivlr) [prescribing information]. Cary, NC; Chiesi, USA; December 2020.
2. Gaspar HB, Aiuti A, Porta F, et al. How I treat ADA deficiency. *Blood*. 2009 October 22; 114(17): 3524–3532.
3. Adenosine Deaminase Deficiency-genetic and Rare Diseases Information Center. US Department of health and human services-NIH. Available at: <https://rarediseases.info.nih.gov/diseases/5748/adenosine-deaminase-deficiency>
4. Flinn AM, Gennery AR. Adenosine deaminase deficiency: a review. *Orphanet Journal of Rare Diseases* 2018. <https://doi.org/10.1186/s13023-018-0807-5>

### Review History

06/19/19 – Reviewed.

06/11/2025 – Reviewed at June P&T. Updated language for members new to the Plan. Clarified documentation requirements. Effective 08/01/2025.

10/08/2025 – Reviewed and updated at October P&T. Updated policy to indicate it no longer applies to the medical benefit. Effective 01/01/2026.

