Clinical Policy Title:	elapegademase-lvlr
Policy Number:	RxA.266
Drug(s) Applied:	Revcovi®
Original Policy Date:	02/07/2020
Last Review Date:	06/10/2021
Line of Business Policy Applies to:	All lines of business

Background

Elapegademase-lvlr (Revcovi®) is a recombinant adenosine deaminase.

It is indicated for the treatment of adenosine deaminase severe combined immune deficiency disease (ADA-SCID) in pediatric and adult patients.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
Elapegademase-lvlr (Revcovi®)	ADA-SCID	Patients transitioning from Adagen® to Revcovi®: 0.2 mg/kg IM weekly. 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 IM administrations during a week. Adagen-naïve patients: 0.2 mg/kg IM twice a week based on ideal body weight or actual weight whichever is greater, for a minimum of 12 to 24 weeks until immune reconstitution is achieved. 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.	0.4 mg/kg/week

Dosage Forms

- Single-dose vial: 2.4 mg/1.5 mL (1.6 mg/mL).

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria. The provision of provider samples does not guarantee coverage under the terms of the pharmacy benefit administered by RxAdvance. All criteria for initial approval must be met in order to obtain coverage.

I. Initial Approval Criteria

A. Adenosine Deaminase Severe Combined Immune Deficiency Disease (must meet all):

1. Diagnosis of ADA-SCID;
2. Prescribed by or in consultation with an immunologist;
3. Dose does not exceed 0.4 mg/kg per week.

Approval Duration
Commercial: 6 months
Medicaid: 6 months

II. Continued Therapy Approval

A. Adenosine Deaminase Severe Combined Immunodeficiency Disease (must meet all):

1. Member is currently receiving medication that has been authorized by RxAdvance or member has previously met initial approval criteria listed in this policy;
2. Member is responding positively to therapy *(see Appendix D for examples)*;
3. If request is for a dose increase, new dose does not exceed 0.4 mg/kg per week.

Approval Duration
Commercial: 6 months
Medicaid: 12 months

III. Appendices

APPENDIX A: Abbreviation/Acronym Key
ADA-SCID: adenosine deaminase severe combined immune deficiency disease
dAXP: deoxyadenosine nucleotides
FDA: Food and Drug Administration
dATP: Deoxyadenosine triphosphate

APPENDIX B: Therapeutic Alternatives

- Not Applicable

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - None reported

- Boxed Warning(s):
  - None reported

APPENDIX D: General Information

- Examples of positive response to therapy include improvement in immune function (T cell, B cell, and

natural killer lymphocytes), reduction in frequency/severity of opportunistic infections, and decrease from baseline or maintenance of normal red cell dATP levels.

- Once treatment with Revcovi® has been initiated, a target trough plasma ADA activity should be at least 30 mmol/hr/L. In order to determine an effective dose of Revcovi®, trough plasma ADA activity (pre-injection) should be determined every 2 weeks for Adagen-naïve patients and every 4 weeks for patients previously receiving Adagen therapy, during the first 8 - 12 weeks of treatment, and every 3 - 6 months thereafter. A decrease of ADA activity below this level suggests noncompliance to treatment or a development of antibodies (anti-drug, anti-PEG, and neutralizing antibodies). Antibodies to Revcovi® should be suspected if a persistent fall in pre-injection levels of trough plasma ADA activity below 15 mmol/hr/L occurs. In such patients, testing for antibodies to Revcovi® should be performed. If a persistent decline in trough plasma ADA activity occurs, immune function and clinical status should be monitored closely and precautions should be taken to minimize the risk of infection. If antibodies to Revcovi® are found to be the cause of a persistent fall in trough plasma ADA activity, then adjustment in the dosage of Revcovi® and other measures may be taken to induce tolerance and restore adequate ADA activity.
- Two months after starting Revcovi® treatment, trough erythrocyte dAXP levels should be maintained below 0.02 mmol/L, and monitored at least twice a year.
- The degree of immune function may vary from patient to patient. Each patient will require appropriate monitoring consistent with immunologic status. Total and subset lymphocytes should be monitored periodically as follows:
  - Adagen-naïve patients: every 4 - 8 weeks for up to 1 year, and every 3 - 6 months thereafter.
  - Other patients: every 3 – 6 months
- Immune function, including the ability to produce antibodies, generally improves after 2 - 6 months of therapy, and matures over a longer period. In general, there is a lag between the correction of the metabolic abnormalities and improved immune function. Improvement in the general clinical status of the patient may be gradual (as evidenced by improvement in various clinical parameters) but should be apparent by the end of the first year of therapy.

References

1. Revcovi Prescribing Information. Gaithersburg, MD: Leadiant Biosciences Inc.; April 2020. Available at: www.revcovi.com. Accessed April 01, 2021.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	01/2020	02/07/2020
Policy was reviewed: 1. Clinical Policy Title was updated. 2. Line of Business Policy Applies to was updated to all lines of business. 3. Updated Dosing regimen for Adagen-naïve patients. 4. Continued therapy criteria II.A.1. was rephrased to “Currently receiving medication that has been authorized by RxAdvance…”. 5. Updated Appendix A: added dATP. 6. Reference was reviewed and updated.	07/16/2020	09/14/2020
Policy was reviewed: 1. Statement about provider sample, ‘‘The provision	04/01/2021	06/10/2021

of provider samples does not guarantee coverage…" was added to Clinical Policy. 2. Reference reviewed and updated.		