

PA Criteria	Criteria Details						
Covered Uses (FDA approved indication)	Revcovi injection is a recombinant adenosine deaminase indicated for the treatment of adenosine deaminase severe combined immune deficiency (ADA-SCID) in pediatric and adult patients.						
Exclusion Criteria	None.						
Required Medical Information	Must provide the following: (1) Trough plasma ADA activity, (2) trough dAXP levels, (3) patient's current weight, (4) requested dose, and (5) medical records supporting the request.						
Other Criteria	Provider attestation that treatment will follow FDA-approved labeling with dose adjusted 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.						
Age Restriction	None.						
Prescriber Restrictions	None.						
Coverage Duration	Initial coverage: one year. Reauthorization: two years.						
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="496 1024 1513 1268"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J3590, C9399</td> <td>Revcovi (elapegamase-lvlr)</td> <td>Additional information required: National Drug Code (NDC), Strength, Dosage administered, Route of administration. 2.4 mg/1.5 mL SDV</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J3590, C9399	Revcovi (elapegamase-lvlr)	Additional information required: National Drug Code (NDC), Strength, Dosage administered, Route of administration. 2.4 mg/1.5 mL SDV
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	5/15/2025	Pharmacy & Therapeutics (P&T) Committee	5/15/2025