 <p>JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTHCARE</p>	Johns Hopkins HealthCare LLC <b>Pharmacy Public          Medical Management Drug Policies</b>	<i>Policy Number</i>	MMDP039	
		<i>Effective Date</i>	03/01/2021	
		<i>Review Date</i>	01/20/2021	
	<i>Subject</i>	<b>Revcovi</b>	<i>Revision Date</i>	01/20/2021
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This document applies to the following Participating Organizations:

Priority Partners                      US Family Health Plan

**Keywords:** Elapegademase, Revcovi

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## **I. POLICY**

**Revcovi** (Elapegademase-lvlr) will require prior authorization to ensure appropriate use. The process for initiating a prior authorization request can be found in policy PHARM 20.

## **II. POLICY CRITERIA**

- A. **Revcovi** may be approved for patients meeting the following:
1. Documentation has been submitted showing the patient has a confirmed diagnosis of adenosine deaminase severe combined immune deficiency (ADA-SCID)

## **III. AUTHORIZATION PERIOD/LIMITATIONS**

- A. Initial therapy may be approved for 12 months
- B. Continuation of therapy may be approved in 12-month intervals with documentation showing the patient has had a beneficial response to treatment

## **IV. EXCLUSIONS**

- A. **Revcovi** will not be approved for the following:
1. Any indications or uses that are not FDA-approved, or guideline-supported


## **V. RECOMMENDED DOSAGE**

All FDA approved dosage(s) and dosing interval(s) for the FDA approved indication(s).

## **VI. CODES**

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**Note: The following CPT/HCPCS codes are included below for informational purposes. Inclusion or exclusion of a CPT/HCPCS code(s) below does not signify or imply member coverage or provider reimbursement. The member's specific benefit plan determines coverage.**

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<b>Medication</b>	<b>HCPCS/CPT Code</b>
Revcovi 2.4MG/1.5ML Solution, Unclassified biologics	J3590

## **VII. REFERENCES**

1. Rencovi [prescribing information]. Gaithersburg, MD: Leadiant Biosciences, Inc.; April 2020

## **VIII. APPROVALS**

Signature on file at JHHC

<b>DATE OF REVISION</b>	<b>SUMMARY OF CHANGE</b>
01/20/2021	Policy Creation

Review Date: 01/20/2021

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