Elapegademase-lvlr (Revcovi)



Please provide the information below. Please print your answer, attach supporting documentation, sign, date, and return to our office as soon as possible to expedite this request. Without this information, we may deny the request in 30 days.

A typed and completed General Authorization for Information form (13-835) must be attached to your request and must be the first page (no cover sheet). Fax to: 1-866-668-1214

	1	General information				
Date of request		Patient	Date of birth	Date of birth		
ProviderOne client ID		Prescriber	Billing provider N	Billing provider NPI number		
Telephone number		Fax number				
Dri	ug/strength/dose/frequency	,				
	2	Patient information				
1.	Is this request for a continu	Yes	No			
2.	Is patient's diagnosis aden If no, specify diagnosis:	osine deaminase severe combined imr	nune deficiency (ADA-SCID)?	Yes	No	
3.	Does patient have severe t	hrombocytopenia (platelets <50,000/µl	L)?	Yes	No	
4.	Has patient failed, or is not	Yes	No			
5.	Is patient using elapegademase-lvlr as a bridge to definitive therapy with HSCT?				No	
6.	Is this prescribed and will b specializes in the treatmen	Yes	No			

7. If approved, does prescriber agree to monitor trough plasma ADA activity, trough
deoxyadenosine (dAXP) levels, total lymphocyte counts and neutralizing antibodies?YesNo

8. Provide the following for patient:

Baseline (before treatment):

	Trough plasma ADA activity	/:	mmol/hr/L	Date taken:			
	Trough dAXP levels:		mmol/L	Date taken:			
	After start of therapy:						
	Trough plasma ADA activity	/:	mmol/hr/L	Date taken:			
	Trough dAXP levels:		mmol/L	Date taken:			
9.	Is patient pegademase bovine (Adagen) naïve?				Yes	No	
	If no, what was patient's dose? mg/kg						
10.	10. What is patient's current weight?						
	Actual	lb	kg	Date taken			
	Ideal	lb	kg				

All the following are required with this request:

- Genetic testing revealing bi-allelic mutations in the ADA gene or absent or very low (< 1% of normal) ADA catalytic activity at baseline confirming diagnosis
- Chart notes and most recent CBC and labs
- Documentation of therapy monitoring measuring (for reauthorization requests)



Prescriber's signature

Prescriber's signature

Prescriber's specialty

Date