ATRIO HEALTH PLANS

Adenosine Deaminase Deficiency
Adagen (pegademase bovine) J2504
Prior Authorization Request
Medicare Part B Form

*Instructions: * Indicates required information – Form may be returned if required information is not provided. Please fax this request to the appropriate fax number listed at the bottom of the page.*

☐	**Standard Request– (72 Hours)**	☐	**Urgent Request** (standard time frame could place the member's life, health or ability in serious jeopardy)
	Date Requested _____		
	Requestor _____ Clinic name: _____ Phone / Fax		

MEMBER INFORMATION

*Name:_____ *ID#:_____ *DOB:_____

PRESCRIBER INFORMATION

*Name:_____ ☐MD ☐FNP ☐DO ☐NP ☐PA *Phone:_____

*Address:_____ *Fax:_____

DISPENSING PROVIDER / ADMINISTRATION INFORMATION

*Name:_____ Phone:_____

*Address:_____ Fax:_____

PROCEDURE / PRODUCT INFORMATION

HCPC Code	Name of Drug	Dose (Wt: _____ kg Ht:_____)	Frequency	End Date if known

☐ **Initial: 10 units/kg for first dose, 15 units/kg for second dose, 20 units/kg for third dose**
☐ **Maintenance: 20 units/kg/wk IM, increase by 5 units/kg/wk if necessary; MAX single dose 30 units/kg**
☐ **Other Regimen**_____

☐ **Self-administered** ☐ **Provider-administered** ☐ **Home Infusion**

☐Chart notes attached. **Other important information:**_____

Diagnosis: ICD10: _____ **Description**: _____

☐ Provider attests the diagnosis provided is an FDA-Approved indication for this drug

CLINICAL INFORMATION

☐ New Start or Initial Request: (Clinical documentation required for all requests)

☐ **Adenosine deaminase deficiency - Severe combined immunodeficiency disease**
- ☐ Patient is less than or equal to 18 years of age **AND**
- ☐ Patient requires enzyme replacement therapy for adenosine deaminase (ADA) deficiency?
- ☐ Patient is not a suitable candidate for, or has failed bone marrow transplantation
  - ☐ Documentation bone marrow transplant failure / unsuitability attached.

If not, please provide **clinical rationale** for formulary exception: _____
_____

☐ Continuation Requests: (Clinical documentation required for all requests)

☐ Patient had an **adequate response** or **significant improvement** while on this medication.

☐ Red cell dATP levels have decreased to a range of ≤ 0.005 to 0.015 µmol/mL.

☐ Medical record documentation of positive response is included

If not, please provide clinical rationale for continuing this medication: _____

_____

ACKNOWLEDGEMENT

Request By (Signature Required): _____Date:_____/____/____

Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **THIS AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT.** PAYMENT IS BASED ON BENEFITS IN EFFECT AT THE TIME OF SERVICE, MEMBER ELIGIBILITY AND MEDICAL NECESSITY.

Prior Authorization Group – Adagen Prior Authorization

Drug Name(s):
ADAGEN **PEGADEMASE BOVINE**

Criteria for approval of Non-Formulary/Preferred Drug:

1. Prescribed for an approved FDA diagnosis (as listed below):
2. Member does not have any clinically relevant contraindications, or CMS/Plan exclusions, to the requested drug.

- If the member meets all these criteria, they may be approved by the Plan for the requested drug.
- Quantity limits and Tiering will be determined by the Plan.
- Continuation Requests: Provider must verify continued clinical benefit in confirmatory trial(s).

Exclusion Criteria:
N/A

Prescriber Restrictions:
Hematologist or other related specialist

Coverage Duration:
Approval will be for 6 months

FDA Indications:
Adagen

- Adenosine deaminase deficiency - Severe combined immunodeficiency disease

Off-Label Uses:
N/A

Age Restrictions:
Indicated for patients 6-weeks to 12 years old.

Other Clinical Consideration:
N/A

Resources:
https://www.micromedexsolutions.com/micromedex2/librarian/PFDefaultActionId/evidencexpert.DoIntegratedSearch?SearchTerm=Adagen&UserSearchTerm=Adagen&SearchFilter=filterNone&navitem=searchGlobal#