

Generic Name: Pegademase Bovine

Therapeutic Class or Brand Name: Adagen®

Applicable Drugs (if Therapeutic Class): N/A

GPI Code: 2000005000

Preferred: N/A

Non-preferred: N/A

Date of Origin: 2/1/2013

Date Last Reviewed / Revised: 6/19/2018

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through V are met):

- I. Documented diagnosis of enzyme replacement therapy for adenosine deaminase (ADA) deficiency in patients with severe combined immunodeficiency disease (SCID) who are not suitable candidates for or who have failed bone marrow transplantation.
- II. Patient is less than 18 years old.
- III. Copy of prescription from physician.
- IV. Dose must be delivered in a pre-filled syringe for exact dosing.
- V. Plan must be notified of changes in dosage with a copy of a new prescription.

EXCLUSION CRITERIA

- For use as preparatory or support therapy for bone marrow transplantation.
- In patients with severe thrombocytopenia.

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Up to 4 pre-filled syringes per 28 days.

APPROVAL LENGTH

- **Authorization:** 1 year.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current prior authorization criteria are met and that the medication is effective.

APPENDIX

N/A

REFERENCES

1. [https://medicaid.utah.gov/pharmacy/priorauthorization/pdf/Adagen%20\(pegademase%20bovine\).pdf](https://medicaid.utah.gov/pharmacy/priorauthorization/pdf/Adagen%20(pegademase%20bovine).pdf)
2. Drugs.com.
3. Medi-Span.
4. <http://www.adagen.com/pdf/AdagenPI.pdf>

HISTORICAL TRACKING OF CHANGES MADE TO POLICY

Date	Notes/Changes
6/19/2018	1. Deleted " http://www.adagen.com/pdf/AdagenPI_Jun2014.pdf " and Added updated link " http://www.adagen.com/pdf/AdagenPI.pdf ." Deleted " https://medicaid.utah.gov/pharmacy/priorauthorization/pdf/Adagen.pdf ." and Added updated link " https://medicaid.utah.gov/pharmacy/priorauthorization/pdf/Adagen%20(pegademase%20bovine).pdf ." under References
11/16/2017	1. Policy reviewed: no changes made.
9/23/2016	1. Policy reviewed: no changes made.
3/17/2015	1. Added "Patient is less than 18 years old" under Prior Authorization Criteria. 2. Changed "An updated letter of medical necessity" to "An updated letter of medical necessity or progress notes showing current prior authorization criteria are met and that the medication is effective" for Re-Authorization under Approval Length . 3. Updated " http://www.health.utah.gov/medicaid/pharmacy/priorauthorization/pdf/Adagen.pdf " to " https://medicaid.utah.gov/pharmacy/priorauthorization/pdf/Adagen.pdf " and " http://adagen.com/pdf/AdagenPI_May2010.pdf " to " http://www.adagen.com/pdf/AdagenPI_Jun2014.pdf " under References .
11/12/2013	1. Adapted policy to new format. 2. Changed GPI Code from "20000050002025" to "2000005000". 3. Combined and changed "DOCUMENTED diagnosis of Adenosine Deaminase (ADA) Deficiency" under Prior Authorization criteria and "Severe combined immunodeficiency disease (SCID) in patients with adenosine deaminase (ADA) deficiency" under Covered Uses to "Documented diagnosis of enzyme replacement therapy for adenosine deaminase (ADA) deficiency in patients with severe combined immunodeficiency disease (SCID) who are not suitable candidates for or who have failed bone marrow transplantation" under Prior Authorization Criteria. 4. Changed "Medicaid must be notified of changes in dosage with a copy of a new prescription" to "Plan must be notified of changes in dosage with a copy of a new prescription" under Prior Authorization Criteria. 5. Added "For use as preparatory or support therapy for bone marrow transplantation; In patients with severe thrombocytopenia" under Exclusion Criteria. 6. Added "Up to 4 pre-filled syringes per 28 days" under Quantity/Days Supply Restrictions.

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| | 7. Updated references to include specific Utah Medicaid policy referred to, Medi-Span, and website address for Adagen package insert. |
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DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.