

Revcovi[™] (elapegademase-lvlr) – New orphan drug approval

- On October 5, 2018, <u>Leadiant Biosciences</u> announced the FDA approval of <u>Revcovi</u> (<u>elapegademase-lvlr</u>) for the treatment of adenosine deaminase severe combined immune deficiency (ADA-SCID) in pediatric and adult patients.
- ADA-SCID is an ultra-rare, inherited genetic disorder, caused by a deficiency in the ADA enzyme
 that is fatal if left untreated. Patients affected by ADA-SCID have compromised immune systems
 that leave them unprotected from infection-producing bacteria, viruses, and fungi. ADA-SCID is
 estimated to occur in approximately one in 200,000 to one in 1,000,000 newborns around the world.
- ADA-SCID primarily affects infants and young children and is typically diagnosed within the first few
 months of life. SCID newborn screening in most states has allowed detection of ADA-SCID in
 newborns and has led to early initiation of ADA enzyme therapy and improved outcomes.
- Revcovi is a PEGylated recombinant adenosine deaminase (rADA) enzyme that works by supplementing levels of an essential enzyme called ADA. The recombinant technology eliminates the need to source the enzyme from animals.
 - Adagen[®] (pegademase bovine) is an enzyme replacement therapy also approved for the treatment ADA-SCID. However, the ADA used in the manufacture of Adagen is derived from bovine intestine.
- The safety and efficacy of Revcovi is based on data from two open-label clinical studies of a total of ten patients with ADA-SCID. The study endpoints evaluated ADA activity, levels of toxic metabolites that are the hallmark of ADA-SCID, and changes in lymphocyte counts.
 - Overall, results demonstrated that Revcovi increases ADA activity, reduces concentrations
 of toxic metabolites and improves total lymphocyte counts.
- Warnings and precautions of Revcovi include injection site bleeding in patients with thrombocytopenia and delay in improvement of immune function.
- The most common adverse reactions reported with Revcovi use were cough (50%) and vomiting (33%).
- The recommended starting dose of Revcovi is determined by whether or not the patient has had prior treatment with Adagen.
 - Transitioning from Adagen to Revcovi: 0.2 mg/kg weekly, intramuscularly (dose may also be calculated using a conversion formula provided in the drug label).
 - Adagen-naïve patients: 0.4 mg/kg weekly based on ideal body weight, divided into two doses (0.2 mg/kg twice a week), intramuscularly.
 - Refer to the Revcovi drug label for complete dosing instructions and therapeutic monitoring information.

• Leadiant Biosciences' launch plans for Revcovi are pending. Revcovi will be available as a 2.4 mg/1.5 mL (1.6 mg/mL) single dose vial.



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