

Prescriber Criteria Form  
Revcovi 2026 PA Fax 2843-A v1 010126.docx  
Revcovi (elapegademase-lvlr)  
Coverage Determination

This fax machine is located in a secure location as required by HIPAA regulations. Complete/review information, sign and date. Fax signed forms to CVS Caremark at **1-855-633-7673**. Please contact CVS Caremark at **1-866-785-5714** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Revcov (elapegademase-lvlr).

Drug Name:  
Revcovi (elapegademase-lvlr)

<b>Patient Name:</b>		
<b>Patient ID:</b>		
<b>Patient DOB:</b>	<b>Patient Phone:</b>	
<b>Prescriber Name:</b>		
<b>Prescriber Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Prescriber Phone:</b>	<b>Prescriber Fax:</b>	
<b>Diagnosis:</b>	<b>ICD Code(s):</b>	

**Please circle the appropriate answer for each question.**

1	Does the patient have a diagnosis of adenosine deaminase severe combined immune deficiency (ADA-SCID)?	Yes	No
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Comments: \_\_\_\_\_

**Prescriber (or Authorized) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_