Original Effective Date: 12/09/2023
Current Effective Date: 09/21/2025
Last P&T Approval/Version: 07/30/2025
Next Review Due By: 07/2026
Policy Number: C26434-A

Veopoz (pozelimab-bbfg)

PRODUCTS AFFECTED

Veopoz (pozelimab-bbfg)

COVERAGE POLICY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

DIAGNOSIS:
Complement hyperactivation, angiopathic thrombosis, and protein-losing enteropathy (CHAPLE) disease, also known as CD55-deficient protein-losing enteropathy (PLE)

REQUIRED MEDICAL INFORMATION:
This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information along with state and federal requirements, benefit being administered and formulary preferencing. Coverage will be determined on a case-by-case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review. When the requested drug product for coverage is dosed by weight, body surface area or other member specific measurement, this data element is required as part of the medical necessity review. The Pharmacy and Therapeutics Committee has determined that the drug benefit shall be a mandatory generic and that generic drugs will be dispensed whenever available.

A. CHAPLE DISEASE:
   1. Documentation of clinical diagnosis of CD55-deficient protein-losing enteropathy (PLE), also known as CHAPLE disease
      AND

2. Documentation of confirmed genotype of biallelic CD55 loss-of-function mutation [DOCUMENTATION REQUIRED]
   AND
3. Veopoz (pozelimab-bbfg) will not be used concurrently with other complement inhibitors (e.g., Soliris (eculizumab), etc.)
   AND
4. Prescriber attests to (or the clinical reviewer has found that) the member not having any FDA labeled contraindications that haven't been addressed by the prescriber within the documentation submitted for review [Contraindications to Veopoz (pozelimab-bbfg) include: patients with unresolved Neisseria meningitidis infection.]

CONTINUATION OF THERAPY:

A. CHAPLE DISEASE:

1. Adherence to therapy at least 85% of the time as verified by the prescriber or member medication fill history OR adherence less than 85% of the time due to the need for surgery or treatment of an infection, causing temporary discontinuation.
   AND
2. Prescriber attests to or clinical reviewer has found no evidence of intolerable adverse effects or drug toxicity.
   AND
3. Documentation of positive clinical response as demonstrated by low disease activity and/or improvements in the condition's signs and symptoms [DOCUMENTATION REQUIRED]

DURATION OF APPROVAL:

Initial authorization: 12 months, Continuation of Therapy: 12 months

PRESCRIBER REQUIREMENTS:

Prescribed by or in consultation with a board-certified hematologist, gastroenterologist, or physician who specializes in rare genetic hematologic diseases [If prescribed in consultation, consultation notes must be submitted with initial request and reauthorization requests]

AGE RESTRICTIONS:

1 year of age and older

QUANTITY:

Day 1: 30mg/kg IV infusion,
Day 8 and thereafter: 10mg/kg subcutaneous injection once weekly, can be increased to 12mg/kg once weekly based on clinical response AFTER 3 weekly doses (i.e., starting from week 4)

Maximum Quantity Limits – Maximum maintenance dosage is 800 mg once weekly (Day 8 and thereafter)

PLACE OF ADMINISTRATION:

The recommendation is that infused medications in this policy will be for pharmacy or medical benefit coverage administered in a place of service that is a non-hospital facility-based location.

The recommendation is that injectable medications in this policy will be for pharmacy or medical benefit coverage and the subcutaneous injectable products administered in a place of service that is a non-hospital facility-based location.

DRUG INFORMATION

ROUTE OF ADMINISTRATION:
Intravenous, Subcutaneous

DRUG CLASS:
Complement C5 Inhibitor

FDA-APPROVED USES:
Indicated for the treatment of adult and pediatric patients 1 year of age and older with CD55-deficient protein losing enteropathy (PLE), also known as CHAPLE disease

COMPENDIAL APPROVED OFF-LABELED USES:
None

APPENDIX

APPENDIX
None

BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:
Complement hyperactivation, angiopathic thrombosis and protein-losing enteropathy (CHAPLE), also known as CD55- deficient PLE, is an ultra-rare and life-threatening autosomal recessive disorder that is driven by overactivation of the complement system. Individuals with this condition are unable to regulate complement activity due to mutations in the CD55 gene. Without proper regulation by CD55, the complement system may attack normal cells and cause damage to blood and lymph vessels along the upper digestive tract and lead to a loss of circulating proteins.

CHAPLE disease typically manifests as peripheral and visceral edema due to severe hypoalbuminemia, diarrhea, abdominal pain, hypogammaglobulinemia, malabsorption, and malnutrition. Severe thrombotic vascular occlusions can also occur among patients with CHAPLE disease, which can be life-threatening.

Veopoz (pozelimab-bbfg) is a fully human monoclonal antibody designed to block the activity of complement factor C5 and prevent diseases mediated by the complement pathway. It is an immunoglobulin G4 (IgG4) antibody that binds with high affinity to wild-type and variant human C5 protein.

The efficacy and safety of VEOPOZ were evaluated in a single-arm study (NCT04209634) where outcomes were compared to pre-treatment data in patients with active CD55- deficient protein-losing enteropathy (PLE) who had hypoalbuminemia. Diagnosis was based on a clinical history of PLE and with a confirmed genotype of biallelic CD55 loss-of-function mutation.

Active CD55-deficient PLE was defined as hypoalbuminemia (serum albumin concentration of ≤3.2 g/dL) with one or more of the following signs or symptoms within the last six months: abdominal pain, diarrhea, peripheral edema, or facial edema.

Patients received a single 30 mg/kg loading dose of VEOPOZ administered by intravenous infusion over approximately one hour, followed by a once weekly weight-tiered maintenance dosage, administered as a subcutaneous injection starting one week after the loading dose.
All patients received meningococcal vaccination prior to treatment with VEOPOZ and antibacterials for prophylaxis of meningococcal infection. Patients were permitted to receive additional therapies as part of

standard of care. Use of other complement inhibitors was prohibited.

Ten patients ranging from 3 to 19 years of age (median of 8.5 years) were assessed for efficacy. Six patients identified as female; seven patients as White, two patients as Asian, and one patient reported race as other. The mean baseline serum albumin concentration was 2.2 g/dL with a range of 1.1 to 2.9 g/dL.

Serum Albumin Concentrations
The median time for serum albumin to reach at least 3.5 g/dL was 15.5 days (N=10; 95% CI: 8 to 28). All 10 patients achieved normalization by Week 12 and maintained serum albumin concentrations within the normal range through at least 72 weeks of treatment
Albumin Transfusions
Five of the 10 patients received a total of 60 transfusions in the 48 weeks prior to treatment. In the 48 weeks after starting treatment, one patient received one albumin transfusion.
Hospitalizations
Nine of the 10 patients were hospitalized for a total of 268 days in the 48 weeks prior to treatment. In the 48 weeks after starting treatment, two patients were hospitalized for a total of 7 days.
Additional Efficacy Results
Serum IgG concentrations reached normal values for age in all patients within the first 12 weeks of treatment; improvement was maintained through at least 72 weeks of treatment.

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:
All other uses of Veopoz (pozelimab-bbfg) are considered experimental/investigational and therefore, will follow Molina's Off- Label policy. Contraindications to Veopoz (pozelimab-bbfg) include: patients with unresolved Neisseria meningitidis infection.

OTHER SPECIAL CONSIDERATIONS:
Veopoz (pozelimab-bbfg) has a BLACK BOX WARNING for meningococcal infections. Life-threatening and fatal meningococcal infections have occurred in patients treated with complement inhibitors. Meningococcal infection may become rapidly life-threatening or fatal if not recognized and treated early. Complete or update meningococcal vaccination at least 2 weeks prior to administering the first dose of VEOPOZ, unless the risks of delaying therapy outweigh the risks of developing meningococcal infection. Follow the most current Advisory Committee on Immunization Practices (ACIP) recommendations for meningococcal vaccination in patients receiving a complement inhibitor. Patients receiving VEOPOZ are at increased risk for invasive disease caused by N. meningitidis, even if they develop antibodies following vaccination. Monitor patients for early signs of meningococcal infections and evaluate immediately if infection is suspected.

Per the prescribing information, both the IV load and SC maintenance doses must be administered by a healthcare professional.

If a subcutaneous maintenance dose of VEOPOZ is missed, administer as soon as possible within 3 days after the missed dose. Do not administer 2 doses on the same day to make up for a missed dose. If more than 3 days have passed, skip the missed dose and administer the next dose on the regularly scheduled day. In each case, patients can then resume their regular once weekly dosing schedule. The day of weekly administration can be changed, if necessary, as long as the time between the two doses is at least 4 days (96 hours).

CODING/BILLING INFORMATION

CODING DISCLAIMER. *Codes listed in this policy are for reference purposes only and may not be all-inclusive or applicable for every state or line of business. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does not guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry-standard coding practices for all submissions. Molina has the right to reject/deny the claim and recover claim payment(s) if it is determined it is not billed appropriately or not a covered benefit. Molina reserves the right to revise this policy as needed.*

HCPCS CODE	DESCRIPTION
J9376	Injection, pozelimab-bbfg, 1 mg

AVAILABLE DOSAGE FORMS:
Veopoz SOLN 400MG/2ML (2ml vial) single-dose vial

REFERENCES

1. Veopoz (pozelimab-bbfg) injection, for intravenous or subcutaneous use [prescribing information]. Tarrytown, NY: Regeneron Pharmaceuticals Inc; March 2024.
2. Ozen A, et al. CD55 deficiency, early-onset protein-losing enteropathy, and thrombosis. N Engl J Med. 2017;377(1):52–61. doi:10.1056/NEJMoa1615887
3. Kurolap A, et al. Loss of CD55 in eculizumab-responsive protein-losing enteropathy. N Engl J Med. 2017;377(1):87–89. doi:10.1056/NEJMc1707173
4. Kurolap A, et al. Eculizumab is safe and effective as a long-term treatment for protein-losing enteropathy due to CD55 deficiency. J Pediatr Gastroenterol Nutr. 2019;68(3):325–333. doi:10.1097/MPG.0000000000002198
5. Ozen A, et al; Pozelimab CHAPLE Working Group. A phase 2/3 study evaluating the efficacy and safety of pozelimab in patients with CD55 deficiency with hyperactivation of complement, angiopathic thrombosis, and protein-losing enteropathy (CHAPLE disease). Preprint. Posted online July 27, 2023. SSRN. doi:10.2139/ssrn.4485593

SUMMARY OF REVIEW/REVISIONS	DATE
REVISION- Notable revisions: Required Medical Information Continuation of Therapy Quantity References	Q3 2025
REVISION- Notable revisions: Required Medical Information Place of Administration Coding/Billing Information References	Q3 2024
NEW CRITERIA CREATION	Q4 2023