Mass General Brigham
Health Plan

Veopoz
Effective 03/01/2024

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Veopoz is 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.

Coverage Guidelines
Authorization may be granted for members new to the plan who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted when the following criteria is met:

1. The member has a diagnosis of CD55-deficinet protein-losing enteropathy (PLE)
2. Medical records documenting ALL of the following:
    a. The member has confirmed biallelic CD55 loss-of-function mutation detected by genotype analysis.
    b. The member has hypoalbuminemia (serum albumin concentration of $\leq$ 3.2 g/dL)
    c. The member has ONE of the more of the following signs and symptoms of CD-55 PLE within the past 6 months:
        i. Abdominal pain
        ii. Diarrhea
        iii. Peripheral edema
        iv. Facial edema

Continuation of Therapy
Authorization may be granted for continued treatment in members when there is no evidence of unacceptable toxicity or disease progression AND member demonstrates a positive response to therapy (e.g., normalization of serum albumin, improvement in signs and symptoms of disease and/or decrease in number of hospitalizations and infections)

Limitations

1. Initial approvals will be granted for 6 months.
2. Reauthorizations will be granted for 12 months.

References

1. Veopoz [package insert]. Tarrytown, NY: Regeneron Pharmaceuticals, Inc.; August 2023.

Review History

2/14/2023: Created and Reviewed at Feb P&T, Effective 3/1/2024