Mass General Brigham
Health Plan

Veopoz (pozelimab-bbfg)
Effective 05/06/2024

Plan	☒ MassHealth UPPL ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and 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 (pozelimab-bbfg) is indicated for the treatment of CD55-deficient protein-losing enteropathy, also known as complement hyperactivation, angiopathic thrombosis, and protein-losing enteropathy (CHAPLE) disease.

Coverage Guidelines
Authorization may be granted for members when all the following criteria are met:

1. Diagnosis of CD55-deficient protein-losing enteropathy (PLE), or complement hyperactivation, angiopathic thrombosis, and protein-losing enteropathy (CHAPLE) disease
2. Member is ≥ 1 year of age
3. Member has received a meningococcal vaccine at least two weeks prior to treatment initiation
4. Prescriber is a specialist in rare genetic or hematologic diseases or consult notes from specialist are provided
5. Results from genetic testing confirming a CD55 loss-of-function mutation
6. Inadequate response, adverse reaction, or contraindication to Soliris (eculizumab)
7. Appropriate dosing

<u>Continuation of Therapy</u>
Medical records documenting **ALL** of the following:

1. Improvement or no worsening of clinical symptoms (e.g., abdominal pain, bowel movements, facial and peripheral edema)
2. **ONE** of the following:
    a. Increase in current serum albumin concentration from baseline serum albumin concentration
    b. Serum albumin concentration stabilized above lower threshold for normal range (≥3.5 g/dL)
3. **ONE** of the following:
    a. Increase in current serum IgG concentration from baseline serum IgG concentration

b. Serum IgG concentration stabilized above lower threshold for age-adjusted normal range *(See appendix for table of age-adjusted normal serum IgG concentration ranges)*

Limitations

1. Initial and reauthorizations will be granted for 1 year.

Appendix

Age-Adjusted Serum IgG Concentration Reference Ranges

The table below shows age-adjusted serum immunoglobulin G (IgG) concentration reference ranges to assist with recertification of Veopoz (pozelimab-bbfg) requests indicated for CHAPLE disease. Based on a brief literature review, there does not appear to be a widely accepted set of age-adjusted IgG reference ranges, and these ranges may vary by laboratory. Therefore, if the provider submits medical records with documented serum IgG laboratory testing, reference ranges specified in the medical records may be acceptable in place of the values in the table below.

Age Group	Age-Adjusted Serum IgG Level Reference Range
≤1 month	251-1051
1-3 months	176-601
4-6 months	172-814
7-12 months	217-1213
13-24 months	424-1051
25-36 months	441-1135
3-5 years	441-1236
6-8 years	633-1280
9-11 years	608-1572
12-16 years	1066-1218
16-18 years	1188-1458
≥18 years	639-1349

References

1. New Drug Review: Veopoz (pozelimab-bbfg) [database on the internet]. Aventura (FL): IPD Analytics, LLC; 2023 Sep [cited 2023 Dec 04]. Available from: https://www.ipdanalytics.com/.
2. Veopoz® [package insert]. Tarrytown (NY): Regeneron Pharmaceuticals, Inc.; 2023 Aug.

Review History

04/10/24 – Created for P&T. Adopted MH criteria. Decision made for Veopoz to require PA under MB. Effective 5/6/24.