Effective Date.....**11/15/2024**
Coverage Policy Number.....**IP0587**

Pozelimab-bbfg

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Related Coverage Resources

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

This policy supports medical necessity review for pozelimab-bbfg (**Veopoz™**) intravenous infusion and subcutaneous injection.

Medical Necessity Criteria

Pozelimab-bbfg (Veopoz™) is considered medically necessary when the following are met:

1. **CD55-Deficient Protein-Losing Enteropathy (CHAPLE Disease [Complement Hyperactivation, Angiopathic thrombosis, and Protein-Losing Enteropathy]).** Individual meets **ALL** of the following criteria (A, B, C, D and E):
    A. Age is 1 year or older
    B. Diagnosis of CHAPLE disease with biallelic *CD55* loss-of-function mutations as documented by genetic testing
    C. **BOTH** of the following (i and ii):

i. Serum albumin level less than or equal to 3.2 g/dL
ii. Has active disease and is experiencing one or more signs or symptoms within the last 6 months (for example, abdominal pain, diarrhea, vomiting, peripheral edema, or facial edema

D. **BOTH** of the following (i and ii):
i. Has received or is in compliance with updated meningococcal vaccinations according to the most current Advisory Committee on Immunization Practices recommendations
ii. Has received or is in compliance with updated vaccinations for the prevention of *Streptococcus pneumonia* and *Haemophilus influenza* type b infections according to the most current Advisory Committee on Immunization Practices guidelines

E. Medication is prescribed by, or in consultation with, a physician with expertise in managing CHAPLE disease

Dosing. a single 30 mg/kg loading dose by intravenous infusion on Day 1, followed by up to 12 mg/kg subcutaneously once weekly (up to a maximum of 800 mg).

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Receipt of sample product does not satisfy any criteria requirements for coverage.

Reauthorization Criteria

Continuation of pozelimab-bbfg (Veopoz) is considered medically necessary for CHAPLE Disease when the above medical necessity criteria are met AND there is documentation of beneficial response (for example, increased serum albumin levels, maintenance of serum albumin levels within a normal range, a reduction in albumin transfusions, increases in or maintenance of protein and/or immunoglobulin levels, improvement in clinical outcomes after receipt of therapy, reduced frequency in hospitalizations, increase in growth percentiles, and/or reduced use of corticosteroids).

Authorization Duration

Initial approval duration: 3 months
Reauthorization approval duration: 12 months

Conditions Not Covered

Any other use is considered experimental, investigational, or unproven, including the following (this list may not be all inclusive):

1. **Concomitant Use with Other Complement Inhibitors**: In the pivotal study, use of other complement inhibitors was prohibited.

Coding Information

1) This list of codes may not be all-inclusive.
2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

HCPCS Codes	Description
J9376	Injection, pozelimab-bbfg, 1 mg

Background

OVERVIEW
Veopoz, a complement inhibitor, is indicated for the treatment of CD55-deficient protein-losing enteropathy, also known as CHAPLE disease, in adult and pediatric patients ≥ 1 year of age.[1]

Disease Overview
CHAPLE (which stands for Complement Hyperactivation, Angiopathic thrombosis, and Protein-Losing Enteropathy) disease is an ultra-rare inherited immune disease that causes the complement system to become overactive.[2-4] It is caused by biallelic loss-of-function mutations in the CD55 gene, which leads to loss of protein expression and can result in the complement system attacking the body's own cells. There are fewer than 100 patients diagnosed worldwide with CHAPLE disease; it is estimated to impact around 10 patients in the US. Symptoms can include abdominal pain, nausea, vomiting, diarrhea, loss of appetite, weight loss, impaired growth, and edema. Severe thrombotic vascular occlusions (blockage of blood vessels) can also occur among patients with CHAPLE disease, which can be life-threatening. The condition mainly impacts children, including infants, and is associated with morbidity and a higher risk of mortality.

Dosing Information
Veopoz is administered by a healthcare provider.[1] On Day 1, give a single 30 mg/kg loading dose by intravenous infusion. Day 8 and thereafter, the maintenance dose is 10 mg/kg as a subcutaneous injection once weekly. The maintenance dosage may be increased to 12 mg/kg once weekly if there is inadequate clinical response after at least three weekly doses (starting from Week 4). The maximum maintenance dosage is 800 mg once weekly. Doses exceeding 400 mg require two injections.

Safety
Veopoz has a Boxed Warning regarding serious meningococcal infections.[1] Life-threatening and fatal meningococcal infections have occurred in patients treated with complement inhibitors. Complete or update meningococcal vaccination at least 2 weeks before 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. Also, patients treated with Veopoz may be at increased risk for invasive disease caused by *Neisseria meningitidis*, even if they develop antibodies following vaccination. Patients treated with Veopoz may be at increased risk of developing serious infections due to *Streptococcus pneumoniae* and *Haemophilus influenzae* type b infections; administer related vaccinations according to ACIP guidelines.

References

1. Veopoz™ intravenous infusion and subcutaneous injection [prescribing information]. Tarrytown, NY: Regeneron; August 2023.
2. Ozen A, Chongsrisawat V, Sefer AP, et al, for the Pozelimab CHAPLE working group. Evaluating the efficacy and safety of pozelimab in patients with CD55 deficiency with hyperactivation of complement, angiopathic thrombosis, and protein-losing enteropathy: an open-label, Phase 2 and 3 study. *Lancet*. 2024;403(10427):645-656.
3. Hoy SM. Pozelimab: first approval. *Drugs*. 2023;83(16):1551-1557.
4. Can S, Altunbas MY, Ozen A. Pharmacotherapy for CD55 deficiency with CHAPLE disease: how close are we to a cure? *Expert Opin Pharmacother*. 2024;25(11):1421-1426.

Revision Details

Type of Revision	Summary of Changes	Date
Selected Revision	**CD55-Deficient Protein-Losing Enteropathy (CHAPLE Disease [Complement Hyperactivation, Angiopathic thrombosis, and Protein-Losing Enteropathy]):** Removed the statement “Does not have active meningococcal infection”. **Updated Coding:** **Added** J9376 **Removed** C9399, J3490, J3590	11/15/2024

The policy effective date is in force until updated or retired.