

PA Criteria	Criteria Details						
Covered Uses (FDA approved indication)	Veopoz injection is a complement inhibitor 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 to be administered 30 mg/kg once followed by 10 mg/kg as a subcutaneous injection once weekly starting on day eight. Currently, there are no compendia supported uses for this therapy outside the FDA-indication(s).						
Exclusion Criteria	Must not be used in combination with eculizumab.						
Required Medical Information	Medical records supporting the request must be provided and include the following: <ol style="list-style-type: none"> 1. clinical diagnosis of CHAPLE disease that includes symptoms of the condition (such as diarrhea, vomiting, abdominal pain, etc.) and a low serum albumin; 2. confirmation of CD55 loss-of function mutation by genetic testing; 3. baseline serum albumin; and 4. patient's current weight. 						
Age Restriction	Must be at least 1-year-of-age.						
Prescriber Restrictions	Must be prescribed by or in consultation with hematologists, gastroenterologists, or those who specialize in rare genetic hematologic diseases.						
Coverage Duration	Initial: one year; Reauthorization: two years. Dose will be approved according to the FDA- approved labeling or within accepted standards of medical practice. For reauthorization, documentation of a positive clinical response must be provided.						
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="495 1270 1513 1417"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J9376</td> <td>Veopoz (pozelimab-bbfg)</td> <td>Billing unit: 1 mg 400 mg/2 mL SDV</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J9376	Veopoz (pozelimab-bbfg)	Billing unit: 1 mg 400 mg/2 mL SDV
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	8/21/2025	Pharmacy & Therapeutics (P&T) Committee	8/21/2025