Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Medical benefit drug policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and therefore subject to change.

Effective Date: 10/12/2023

Veopoz™ (pozelimab-bbfg)

HCPCS: J9376

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

A. Coverage of the requested drug is provided when all the following are met:
   a. FDA approved indication
   b. FDA approved age
   c. Confirmed biallelic CD55 loss-of-function mutation
   d. Trial and failure, intolerance, or a contraindication to Soliris® or a Soliris biosimilar
   e. Must not be used in combination with Soliris or any other C5 complement inhibitor
   f. Trial and failure, intolerance, or a contraindication to the preferred products as specified in the BCBSM/BCN medical utilization management drug list

B. Quantity Limitations, Authorization Period and Renewal Criteria
   a. Quantity Limits: Align with FDA recommended dosing
   b. Authorization Period: One year at a time
   c. Renewal Criteria: Clinical documentation must be provided to confirm that current criteria are met and that the medication is providing clinical benefit

***Note: Coverage and approval duration may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at http://www.cms.hhs.gov/. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Background Information:

- Complement hyperactivation, angiopathic thrombosis, and protein-losing enteropathy (CHAPLE) disease is an ultra-rare, potentially fatal, inherited autoimmune disorder. It is caused by a lack of CD55 protein and the inability to control complement activity. This leads to damaged blood and lymph vessels in the lower GI tract and a loss of protective immune proteins and blood cells. Patients experience abdominal pain, bloody diarrhea, nausea, vomiting, malabsorption, edema, delayed growth, recurrent lung infections, and blood clots.

- Diagnosis of CHAPLE disease is made based on a combination of factors. Patients will exhibit a clinical history of protein-losing enteropathy (PLE) symptoms, such as hypoalbuminemia and hypogammaglobulinemia. Genetic testing must be performed to confirm a biallelic CD55 loss-of-function mutation on the CD55 gene. Furthermore, patients with CHAPLE disease will have extensive lymphangiectasia upon histological assessment of intestinal biopsy samples or resections.

- Supportive care had been the mainstay of treatment and includes anticoagulation therapy, a low-fat medium-chain triglyceride–supplemented diet, supplementation of iron, fat-soluble vitamins, and minerals, use of immunoglobulin replacement therapy for recurrent infections, and albumin infusions. In recent years, Soliris, a C5 complement inhibitor, has been studied and used for CHAPLE disease. It is now considered the treatment of choice due to the results from a clinical trial of 3 patients with CHAPLE disease showing marked clinical improvement with resolution of gastrointestinal symptoms, improved overall well-being, growth, and quality of life, and increases in albumin and total protein levels. In correlation with the clinical improvements, progress was observed in all laboratory outcome parameters including increases in albumin and total protein levels and up to an 80% reduction in membrane attack complex deposition on leukocytes (p-value < 0.001). The progress persisted over 18 months of treatment without any severe adverse events.

- Veopoz is another C5 complement inhibitor indicated for the treatment of adult and pediatric patients 1 year of age and older with CHAPLE disease.

- Safety and efficacy were evaluated in a single-arm study in which patients' outcomes were compared to pre-treatment data in patients with active CHAPLE disease. Patients' diagnoses were based on a clinical history of PLE symptoms and with a confirmed genotype of biallelic CD55 loss-of-function mutation. Active disease was defined as a serum albumin concentration of less than or equal to 3.2 g/dL with one or more of the following signs or symptoms within the last six months: diarrhea, abdominal pain, peripheral edema, or facial edema. Patients received a single 30 mg/kg loading dose of Veopoz administered by intravenous infusion followed by a weekly maintenance subcutaneous injection starting one week after the loading dose. Ten patients ranging from 3 to 19 years of age were assessed for efficacy. All 10 patients achieved a serum albumin concentration of at least 3.5 g/dL by week 12 which was maintained through at least 72 weeks. All 10 patients also demonstrated a reduction in the number of hospitalizations and number of albumin transfusions over the first 48 weeks of treatment as compared to the 48 weeks prior to treatment.

- Veopoz has not been studied and there is no data to support use in combination with other medications used to treat CHAPLE disease, such as, Soliris.

References:

1. Veopoz [prescribing information]. Tarrytown, NY: Regeneron Pharmaceuticals, Inc.; August 2023.
2. Clinicaltrials.gov. An open-label efficacy and safety study of pozelimab in patients with CD55-deficient protein-losing enteropathy (CHAPLE Disease) (NCT04209634). Available at: https://clinicaltrials.gov/ct2/show/NCT04209634?term=CHAPLE&draw=2&rank=1. Accessed on August 21, 2023.
3. Noris M & Remuzzi G. Overview of complement activation and regulation. Semin Nephro. 2013 Nov; 33 (6): 479 – 92.
4. Ozen A, Comrie WA, Ardy RC, et al. CD55 deficiency, early-onset protein-losing enteropathy, and thrombosis. NEJM. 2017 July 6; 377: 52 – 61.
5. Kurolap A, Eshach-Adiv O, Hershkovitz T, et al. Loss of CD55 in eculizumab-responsive protein-losing enteropathy. 2017 July 6; 377: 87 – 9.
6. Kurolap A, Eshach-Adiv O, Hershkovitz T, et al. Eculizumab is safe and effective as a long-term treatment for protein-losing enteropathy due to CD55 deficiency. J Ped Gastro & Nutrition. 2019 March; 68 (3): 325 – 33.
7. IPD Analytics. Hematology: genetic disorders. 2023. Accessed on August 21, 2023.

<table>
<tr><th colspan="3">Policy History</th></tr>
<tr><th>#</th><th>Date</th><th>Change Description</th></tr>
<tr><td>1.3</td><td>Effective Date: 10/15/2023</td><td>UM medical management system update for MAPPO and BCNA
<table><tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr><tr><td>BCBS</td><td>Yes</td></tr><tr><td>BCN</td><td>Yes</td></tr><tr><td>MAPPO</td><td>Yes</td></tr><tr><td>BCNA</td><td>Yes</td></tr></table></td></tr>
<tr><td>1.2</td><td>Effective Date: 10/12/2023</td><td>New policy - this criteria replaces previously approved preliminary criteria</td></tr>
<tr><td>1.1</td><td>Effective Date: 08/31/2023</td><td>UM medical management system update for BCBS and BCN
<table><tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr><tr><td>BCBS</td><td>Yes</td></tr><tr><td>BCN</td><td>Yes</td></tr><tr><td>MAPPO</td><td>No</td></tr><tr><td>BCNA</td><td>No</td></tr></table></td></tr>
<tr><td>1.0</td><td>Effective Date: 06/08/2023</td><td>Preliminary drug review
<table><tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr><tr><td>BCBS</td><td>No</td></tr><tr><td>BCN</td><td>No</td></tr><tr><td>MAPPO</td><td>No</td></tr><tr><td>BCNA</td><td>No</td></tr></table></td></tr>
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** The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or http://dailymed.nlm.nih.gov/dailymed/index.cfm.*

Blue Cross Blue Shield/Blue Care Network of Michigan
Medication Authorization Request Form

Blue Cross Blue Shield Blue Care Network of Michigan

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This form is to be used by participating physicians to obtain coverage for **drugs covered under the medical benefit**. For commercial members only, please complete this form and submit via fax to 1-877-325-5979. If you have any questions regarding this process, please contact BCBSM Provider Relations and Servicing or the Medical Drug Helpdesk at 1-800-437-3803 for assistance.

PATIENT INFORMATION	PHYSICIAN INFORMATION
Name	**Name**
ID Number	**Specialty**
D.O.B. ☐Male ☐Female	**Address**
Diagnosis	**City /State/Zip**
Drug Name	**Phone/Fax: P**: ( ) - **F**: ( ) -
Dose and Quantity	**NPI**
Directions	**Contact Person**
Date of Service(s)	**Contact Person Phone / Ext.**

STEP 1: DISEASE STATE INFORMATION

1. Is this request for: ☐ Initiation ☐ Continuation *Date patient started therapy:* _____
2. Administered by patient or a medical professional? ☐ patient (self) ☐ health care professional (physician, nurse, etc.)
3. Site of administration? ☐ Provider office/Home infusion ☐ Other: _____
   ☐ Hospital outpatient facility (go to #4) *Reason for Hospital Outpatient administration:* _____
   ☐ Hospital inpatient facility for Car-T therapy only (for example: Kymriah, Yescarta, or Tecartus) (go to #5)
4. Please specify location of administration if hospital outpatient infusion: _____
5. Please specify location of administration if hospital inpatient infusion: _____
6. Please provide the NPI number for the place of administration: _____
7. **Initiation AND Continuation of therapy:**
   a. What is the patient's diagnosis? _____
   b. What other medication has the patient received for their condition? Please list_____
      i. Please describe the response to previous therapies:
      _____
   c. Will the patient be receiving any other treatment for the listed condition while on this medication? Please list:
      _____
   d. Please list any labs values important for diagnosing or monitoring this patient's condition:
      _____
8. **Continuation of therapy:**
   a. Has the patient progressed while on this medication? ☐ yes ☐ no
   b. How has the patient's condition changed while on this medication?
      ☐ Improved: Please describe: _____
      ☐ Stable: please describe: _____
      ☐ Worsened; Please describe: _____
      ☐ Other; Please describe: _____

Chart notes are required for the processing of all requests. Please add any other supporting medical information necessary for our review **(required)**

Coverage will not be provided if the prescribing physician's signature and date are not reflected on this document.

☐ Request for expedited review: I certify that applying the standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function

Physician's Name **Physician Signature** **Date**

Step 2: Checklist	☐ Form Completely Filled Out ☐ Provide chart notes	☐ Attach test results
Step 3: Submit	**By Fax: BCBSM Specialty Pharmacy Mailbox 1-877-325-5979**	**By Mail: BCBSM Specialty Pharmacy Program P.O. Box 312320, Detroit, MI 48231-2320**

7/26/2018, 9/18/2018; 1/31/2020; 3/17/2020; 8/9/2021