Policy Number	**RX501.182**
Policy Effective Date	**5/7/26**

Pozelimab-bbfg

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Related Policies (if applicable)
None

Disclaimer

Medical policies are a set of written guidelines that support current standards of practice. They are based on current generally accepted standards of care developed by: nonprofit professional association(s) for the relevant clinical specialty, third-party entities that develop treatment criteria, or other federal or state governmental agencies. A requested therapy must be proven effective for the relevant diagnosis or procedure. For drug therapy, the proposed dose, frequency and duration of therapy must be consistent with recommendations in at least one authoritative source. This medical policy is supported by FDA-approved labeling and/or nationally recognized authoritative references to major drug compendia, peer reviewed scientific literature and generally accepted standards of medical care. These references include, but are not limited to: MCG care guidelines, DrugDex (IIa level of evidence or higher), NCCN Guidelines (IIb level of evidence or higher), NCCN Compendia (IIb level of evidence or higher), professional society guidelines, and CMS coverage policy.

Carefully check state regulations and/or the member contract.
Each benefit plan, summary plan description or contract defines which services are covered, which services are excluded, and which services are subject to dollar caps or other limitations, conditions or exclusions. Members and their providers have the responsibility for consulting the member's benefit plan, summary plan description or contract to determine if there are any exclusions or other benefit limitations applicable to this service or supply. **If there is a discrepancy between a Medical Policy and a member's benefit plan, summary plan description or contract, the benefit plan, summary plan description or contract will govern.**

Legislative Mandates

EXCEPTION: For members residing in the state of Ohio, § 3923.60 requires any group or individual policy (Small, Mid-Market, Large Groups, Municipalities/Counties/Schools, State Employees, Fully-Insured, PPO, HMO, POS, EPO) that covers prescription drugs to provide for the coverage of any drug approved by the U. S. Food and Drug Administration when it is prescribed for a use recognized as safe and effective for the treatment of a given indication in one or more of the standard medical reference compendia adopted by the United States Department of Health and Human Services or in medical literature even if the FDA has not approved the drug for that indication. Medical literature support is only satisfied when safety and efficacy has been confirmed in two articles from major peer-reviewed professional medical journals that present data supporting the proposed off-label use or uses as generally safe and effective. Examples of accepted journals include, but are not limited to, Journal of American Medical Association, New England Journal of Medicine, and Lancet. Accepted study designs may include, but are not limited to, randomized, double blind, placebo controlled clinical trials. Evidence limited to case studies or case series is not sufficient to meet the standard of this criterion. Coverage is never required where the FDA has recognized a use to be contraindicated, and coverage is not required for non-formulary drugs.

Coverage

NOTE 1: Per the U.S. Food and Drug Administration label, life-threatening and fatal meningococcal infections have occurred in patients treated with complement inhibitors. The use of pozelimab-bbfg increases a patient's susceptibility to serious and life-threatening meningococcal infections (septicemia and/or meningitis) caused by any serogroup, including non-groupable strains. Therefore, pozelimab-bbfg is contraindicated in patients with unresolved *Neisseria meningitidis* infection.

Pozelimab-bbfg (Veopoz™) **may be considered medically necessary** for the treatment of adult and pediatric individuals (1 year of age and older) with CD-55 deficient protein-losing enteropathy, also known as CHAPLE disease, when the following criteria are met:

1. Clinical history of PLE and genetic testing confirming biallelic CD55 loss-of-function mutation detected by genotype analysis; AND
2. Hypoalbuminemia (serum albumin concentration of ≤ 3.2 g/dL); AND
3. One or more of the following signs or symptoms within the last six months:
    i. Abdominal pain; OR
    ii. Diarrhea; OR
    iii. Peripheral edema; OR
    iv. Facial edema.

Pozelimab-bbfg (Veopoz) **is considered experimental, investigational and/or unproven** for all other non U.S. Food and Drug Administration approved indications.

Policy Guidelines

Vaccinate patients for meningococcal infection (serogroups A, C, W, and Y and serogroup B according to current Advisory Committee on Immunization Practices recommendations for patients receiving a complement inhibitor at least 2 weeks prior to administering the first dose of Veopoz.

Description

Protein-losing enteropathy is a condition where there is an excess loss of proteins in the gastrointestinal tract. It can occur in many clinical conditions. It should be suspected in individuals with low serum proteins and in whom other causes of hypoproteinemia have been ruled out. PLE is also known as CHAPLE disease, which stands for complement hyperactivation, angiopathic thrombosis, and protein-losing enteropathy. (2, 3)

There are three main groups of disorders that cause excess protein loss in stools:

- Primary erosive/ulcerative gastrointestinal disorders – inflammatory bowel disease (both ulcerative colitis and Crohn disease), gastrointestinal malignancies, any erosions or ulcers of stomach or duodenum, *Clostridium difficile* colitis, carcinoid syndrome, graft vs. host disease.
- Non-erosive/non-ulcerative gastrointestinal disorders - Topical Sprue, celiac disease, Menetrier disease, amyloidosis, cutaneous burns, eosinophilic gastroenteritis, bacterial overgrowth, Intestinal parasitic infections, Whipple disease, collagenous colitis, AIDS, mixed connective tissue diseases, systemic lupus erythematosus, rheumatoid arthritis.
- Disorders causing increased interstitial pressure or lymphatic obstruction - primary intestinal lymphangiectasia, right-sided heart failure, constrictive pericarditis, congenital heart disease, Fontan procedure for single ventricle, cirrhosis with portal hypertension gastropathy, hepatic venous outflow obstruction, mesenteric tuberculosis or sarcoidosis, retroperitoneal fibrosis, lymphoenteric fistula, lymphoma, and thoracic duct obstruction. (2, 3)

PLE occurs when the loss of proteins through the GI tract exceeds the synthesis of proteins by the body, leading to hypoproteinemia. Normally most of the proteins entering the gut are degraded into amino acids and are reabsorbed. In conditions causing inflammation and erosions of the gastrointestinal tract, the mucosal permeability increases, leading to excessive leakage of serum proteins into the gut, and poor reabsorption. This state leads to hypoproteinemia. In diseases causing increased lymphatic pressure and lymphatic obstruction, there is an increased leak of lymph into the gastrointestinal tract and

decreased absorption of chylomicrons, resulting in a deficiency of fat-soluble vitamins and protein loss. (2, 3)

Clinical features of PLE depend on the underlying etiology. Loss of serum proteins leads to decreased oncotic pressure in capillaries, which, in turn, leads to peripheral edema (most common presenting symptom) due to transudation (slow escape) of fluids from capillaries to the subcutaneous tissue. Individuals can also present with abdominal distension due to ascites and pleural effusions. There may be diarrhea, bloating, abdominal pain, etc. in primarily gastrointestinal causes of protein loss. This condition can cause loss of immunoglobulins and lymphocytes, which cause immunocompromised state leading to frequent infections. Individuals can get opportunistic infections. Those individuals with protein loss due to cardiac diseases can present with symptoms of heart failure like pitting edema, pleural effusion, shortness of breath, elevated jugular venous pressure. (2, 3

Treatment will include treating the underlying pathology; dietary modifications play a critical role in the management of PLE. A diet rich in protein and medium chain triglycerides and low in fat is considered the best diet in this condition. (2, 3)

Pozelimab-bbfg is a recombinant monoclonal antibody used for the treatment of CD55-deficient protein-losing enteropathy, also known as CHAPLE disease. (2, 3)

Regulatory Status
The U.S. Food and Drug Administration approved pozelimab-bbfg (Veozoz) in 2023 for the treatment of adult and pediatric patients 1 year of age and older with CD55-deficient protein-losing enteropathy, also known as CHAPLE disease. (1)

Rationale

This policy is based on the U.S. Food and Drug Administration prescribing information for pozelimab-bbfg (Veopoz). (1)

The efficacy and safety of Veopoz were evaluated in a single-arm study (NCT04209634) where outcomes were compared to pre-treatment data in patients with active CD55-deficient protein-losing enteropathy who had hypoalbuminemia. Diagnosis was based on a clinical history of PLE and with a confirmed genotype of biallelic CD55 loss-of-function mutation.

Active CD55-deficient PLE was defined as hypoalbuminemia (serum albumin concentration of ≤3.2 g/dL) with one or more of the following signs or symptoms within the last six months: abdominal pain, diarrhea, peripheral edema, or facial edema.

Patients received a single 30 mg/kg loading dose of Veopoz administered by intravenous infusion over approximately one hour, followed by a once weekly weight-tiered maintenance dosage, administered as a subcutaneous injection starting one week after the loading dose.

All patients received meningococcal vaccination prior to treatment with Veopoz and antibacterials for prophylaxis of meningococcal infection. Patients were permitted to receive additional therapies as part of standard of care. Use of other complement inhibitors was prohibited.

Ten patients ranging from 3 to 19 years of age (median of 8.5 years) were assessed for efficacy. Six patients identified as female; seven patients as White, two patients as Asian, and one patient reported race as other. The mean baseline serum albumin concentration was 2.2 g/dL with a range of 1.1 to 2.9 g/dL.

Serum Albumin Concentrations

The median time for serum albumin to reach at least 3.5 g/dL was 15.5 days (N=10; 95% confidence interval [CI]: 8 to 28). All 10 patients achieved normalization by Week 12 and maintained serum albumin concentrations within the normal range through at least 72 weeks of treatment.

Albumin Transfusions

Five of the 10 patients received a total of 60 transfusions in the 48 weeks prior to treatment. In the 48 weeks after starting treatment, one patient received one albumin transfusion.

Hospitalizations

Nine of the 10 patients were hospitalized for a total of 268 days in the 48 weeks prior to treatment. In the 48 weeks after starting treatment, two patients were hospitalized for a total of 7 days.

Additional Efficacy Results

Serum IgG concentrations reached normal values for age in all patients within the first 12 weeks of treatment; improvement was maintained through at least 72 weeks of treatment.

Summary of Evidence

Based on the studies provided to the U. S. Food and Drug Administration, pozelimab-bbfg (Veopoz) may be considered medically necessary for the treatment of adult and pediatric individuals (1 year of age and older) with CD-55 deficient protein-losing enteropathy, also known as CHAPLE disease, when the clinical criteria are met. Pozelimab-bbfg (Veopoz) is considered experimental, investigational and/or unproven for all other non-approved U.S. Food and Drug Administration indications.

Coding

Procedure codes on Medical Policy documents are included **only** as a general reference tool for each policy. **They may not be all-inclusive.**

The presence or absence of procedure, service, supply, or device codes in a Medical Policy document has no relevance for determination of benefit coverage for members or reimbursement for providers. **Only the written coverage position in a Medical Policy should be used for such determinations.**

Benefit coverage determinations based on written Medical Policy coverage positions must include review of the member's benefit contract or Summary Plan Description for defined coverage vs. non-coverage, benefit exclusions, and benefit limitations such as dollar or duration caps.

CPT Codes	None
HCPCS Codes	J9376

*Current Procedural Terminology (CPT®) ©2025 American Medical Association: Chicago, IL.

References

U.S. Food and Drug Administration Label:

1. FDA. Highlights of prescribing information Veopoz (pozelimab-bbfg). U.S. Food and Drug Administration (August 2023). Available at: accessdata.fda.gov (accessed Oct. 6, 2025).

Other:

2. Nagra N, Dang S. Protein-Losing Enteropathy. [Updated 2023 Jun 12]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan. Available at: ncbi.nlm.nih.gov (accessed Oct. 8, 2025).
3. Brownell JN. Protein-losing gastroenteropathy. In: UpToDate, Lamont JT (Ed), UpToDate, Waltham, MA. Available at uptodate.com (accessed Oct. 8, 2025).

Centers for Medicare & Medicaid Services

The information contained in this section is for informational purposes only. HCSC makes no representation as to the accuracy of this information. It is not to be used for claims adjudication for HCSC Plans.

The Centers for Medicare & Medicaid Services does not have a national Medicare coverage position. Coverage may be subject to local carrier discretion.

A national coverage position for Medicare may have been developed since this medical policy document was written. See Medicare's National Coverage at cms.hhs.gov.

Policy History/Revision	
Date	**Description of Change**
5/7/26	New medical document. Pozelimab-bbfg (Veopoz) may be considered medically necessary for the treatment of adult and pediatric individuals (1 year of age and older) with CD-55 deficient protein-losing enteropathy (PLE), also known as CHAPLE disease, when the clinical criteria are met. Pozelimab-bbfg (Veopoz) is considered experimental, investigational and/or unproven for all other non-U.S. Food and Drug Administration approved indications.