



pozelimab-bbfg (Veopoz®)

Medical Benefit Drug Policy

Place of Service

Office Administration

Outpatient Facility Administration

Infusion Center Administration

Home Infusion Administration

Drug Details

USP Category: MISCELLANEOUS THERAPEUTIC AGENTS

Mechanism of Action: Complement C5 inhibitor

HCPCS:

- Through 3/31/2024: C9399, J3490, J3590
- Effective 4/1/2024 and after: J9376, injection, pozelimab-bbfg, 1 mg

How Supplied:

400 mg/2 mL (200 mg/mL) in a single-dose vial

Condition(s) listed in policy (*see coverage criteria for details*)

- CHAPLE disease

The following condition(s) require Prior Authorization/Preservice:

CHAPLE disease

1. Patient is 1 year of age or older, AND
2. Confirmation of biallelic CD55 loss-of-function mutation detected by genotype analysis

Covered Doses:

Day 1 (loading dose): 30 mg/kg given by intravenous infusion

Day 8 and thereafter (maintenance dosage): 10 mg/kg given 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 3 weekly doses (i.e., starting from Week 4). The maximum maintenance dosage is 800 mg once weekly.

Coverage Period:

Indefinitely

References

1. AHFS®. Available by subscription at <http://www.lexi.com>
2. DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
3. Veopoz (pozelimab-bbfg). [Prescribing information]. Tarrytown, NY: Regeneron Pharmaceuticals, Inc.; 8/2023.

Review History

Date of Last Annual Review: 11/29/2023



Promise Health Plan

Date of last revision: 4/3/2024

Changes from previous policy version:

- Effective 4/1/2024 and after: J9376, injection, pozelimab-bbfg, 1 mg

*Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee*