

Clinical Oversight Review Board (CORB) Criteria for Prescribing **pozelimab-bbfg (Veopoz)**

Notes:

- Quantity Limits: No

Non-Formulary **pozelimab-bbfg (Veopoz)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

Initiation (new start) criteria and criteria for *new members* entering Kaiser Permanente already taking the medication who have not been reviewed previously:

- Prescriber is a Geneticist
- Patient has a diagnosis of CD55-deficient PLE or CD55 deficiency with complement hyperactivation, angiopathic thrombosis, protein-losing enteropathy (i.e., CHAPLE disease)
- Diagnosis confirmed by biallelic loss-of-function mutation in the CD55 gene.
- Signs or symptoms attributed to CHAPLE disease (e.g., hypoalbuminemia, peripheral or facial edema, abdominal pain, diarrhea, etc.)
- Patient is not receiving pozelimab-bbfg in combination with another complement protein C5 inhibitor [e.g., eculizumab, ravulizumab] for the treatment of CHAPLE disease
- Patient meets BOTH of the following:
 - i. Patient has received updated meningococcal vaccinations according to the most current Advisory Committee on Immunization Practices (ACIP) recommendations.
 - ii. Patient has received updated vaccinations for the prevention of *Streptococcus pneumonia* and *Haemophilus influenza* type b infections according to the most current ACIP guidelines