Mass General Brigham
Health Plan

Poteligeo (mogamulizumab-kpkc)
Effective 07/01/2025

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Poteligeo (mogamulizumab-kpkc) is a CC chemokine receptor type 4 (CCR4)-directed monoclonal antibody indicated for treatment of relapsed or refractory mycosis fungoides (MF) or Sézary syndrome (SS) after at least one prior systemic therapy.

All other indications are considered experimental/investigational and are not a covered benefit.

Coverage Guidelines
Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
Or
Authorization may be granted when all the following criteria are met, and clinical documentation has been submitted:

1. Member has one of the following diagnoses:
    a. Relapsed or refractory mycosis fungoides
    b. Sézary syndrome
2. Prescriber is an oncologist or hematologist
3. Member has received at least one prior systemic therapy (see Appendix), which resulted in an inadequate response
4. Dosing is appropriate based on member's current weight

Limitations
Approvals will be granted for 12 months.

Appendix
First-line systemic therapies for mycosis fungoides or Sézary syndrome

1. Extracorporeal phototherapy

2. Oral retinoids (bexarotene, tretinoin capsules, isotretinoin capsules)
3. Interferons (Pegasys/Intron-A)
4. HDAC inhibitors (vorinostat, romiDEPsin)
5. Methotrexate or pralatrexate
6. Adcetris (brentuximab)
7. Cyclophosphamide

References

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2. Booken N, Weiss C, Utikal J, et al. Combination therapy with extracorporeal photopheresis, interferon-alpha, PUVA and topical corticosteroids in the management of Sézary syndrome. J Dtsch Dermatol Ges 2010; 8:428
3. Burg G, Dummer R. Historical perspective on the use of retinoids in cutaneous T-cell lymphoma (CTCL). Clin Lymphoma 2000; 1 Suppl 1:S41
4. Horwitz SM, Kim YH, Foss F, et al. Identification of an active, well-tolerated dose of pralatrexate in patients with relapsed or refractory cutaneous T-cell lymphoma. Blood 2012; 119:4115.
5. Kim YH, Bagot M, Pinter-Brown L, et al; MAVORIC Investigators. Mogamulizumab versus vorinostat in previously treated cutaneous T-cell lymphoma (MAVORIC): an international, open-label, randomized, controlled phase 3 trial [published online August 9, 2018
6. Kim YH, Demierre MF, Kim EJ, et al. Clinically meaningful reduction in pruritus in patients with cutaneous T-cell lymphoma treated with romidepsin. Leuk Lymphoma 2013; 54:284
7. Poteligeo (mogamulizumab-kpkc) [prescribing information]. Princeton, NJ: Kyowa Kirin, Inc; January 2025.
8. Scarisbrick JJ, Child FJ, Clift A, et al. A trial of fludarabine and cyclophosphamide combination chemotherapy in the treatment of advanced refractory primary cutaneous T-cell lymphoma. Br J Dermatol 2001; 144:1010
9. Stephen S, Morrissey KA, Benoit BM, et al. Inhibition of cell-mediated immunity by the histone deacetylase inhibitor vorinostat: implications for therapy of cutaneous T-cell lymphoma. Am J Hematol 2012; 87:226

Review History

04/17/2019 – Reviewed
05/20/2020 – Reviewed and Updated May P&T; updated overview; added started and stabilized statement. Effective 8/1/20.
06/11/2025 – Reviewed and Updated at June P&T. Updated language for members who are new to the Plan. Effective 07/01/2025.