

**Poteligeo (mogamulizumab-kpkc)**  
Effective 08/01/2020

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization
<b>Benefit</b>	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

### Overview

Mogamulizumab is a first-in-class defucosylated, humanized IgG1 kappa monoclonal antibody which selectively binds to C-C chemokine receptor 4 (CCR4). CCR4 mediates cell trafficking of lymphocytes to skin and various organs and is consistently expressed on the surface of T-cell malignancies. Binding to CCR4 targets a cell for antibody-dependent cellular cytotoxicity (ADCC), resulting in target cell depletion. Mogamulizumab is indicated for treatment of relapsed or refractory mycosis fungoides (MF) and relapsed or refractory Sézary syndrome (SS) in adult patients.

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

### Coverage Guidelines

Authorization may be granted for members who are currently receiving treatment with Poteligeo, 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 is diagnosed with relapsed or refractory mycosis fungoides or Sézary syndrome
2. Prescriber is an oncologist or hematologist AND
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**

1. Poteligeo (mogamulizumab-kpkc) [prescribing information]. Bedminster, NJ: Kyowa Kirin, Inc; August 2018.
2. 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
3. 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
4. Avilés A, Nambo MJ, Neri N, et al. Interferon and low dose methotrexate improve outcome in refractory mycosis fungoides/Sézary syndrome. *Cancer Biother Radiopharm* 2007; 22:836
5. 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
6. 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
7. 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.
8. Burg G, Dummer R. Historical perspective on the use of retinoids in cutaneous T-cell lymphoma (CTCL). *Clin Lymphoma* 2000; 1 Suppl 1:S41
9. 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

## **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.

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