Poteligeo (mogamulizumab-kpkc)
Effective 08/01/20

<table>
<thead>
<tr>
<th>Plan</th>
<th>Program Type</th>
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<td>☒ MassHealth</td>
<td>☒ Prior Authorization</td>
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<td>☒ Commercial/Exchange</td>
<td>☐ Quantity Limit</td>
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<td>☐ Pharmacy Benefit</td>
<td>☐ Step Therapy</td>
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<td>☒ Medical Benefit (NLX)</td>
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| Specialty Limitations | N/A |

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<tr>
<th>Benefit</th>
<th>Specialty Medications</th>
<th>Non-Specialty Medications</th>
<th>Medical Specialty Medications (NLX)</th>
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<tr>
<td>All Plans</td>
<td>Phone: 866-814-5506</td>
<td>Fax: 866-249-6155</td>
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<tr>
<td>MassHealth</td>
<td>Phone: 877-433-7643</td>
<td>Fax: 866-255-7569</td>
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<tr>
<td>Commercial</td>
<td>Phone: 800-294-5979</td>
<td>Fax: 888-836-0730</td>
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<td>Exchange</td>
<td>Phone: 855-582-2022</td>
<td>Fax: 855-245-2134</td>
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<td>All Plans</td>
<td>Phone: 844-345-2803</td>
<td>Fax: 844-851-0882</td>
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| Exceptions | 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-kpc) [prescribing information]. Bedminster, NJ: Kyowa Kirin, Inc; August 2018.

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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