

Poteligeo (mogamulizumab-kpkc)
Effective 08/01/19

Plan	<input checked="" type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	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
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met, clinical documentation has been provided, and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

1. Treatment of adult patients with relapsed or refractory mycosis fungoides (MF) after at least one prior systemic therapy
2. Treatment of adult patients with relapsed or refractory 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 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

1. 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.
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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

04/17/19 – Reviewed

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