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, isoretinoin 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.
5. Iclusig (ponatinib) [prescribing information]. Cambridge, MA: Ariad Pharmaceuticals Inc; October 2018

Review History
04/17/19 – Reviewed

Disclaimer
AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.