

## Poteligeo® (mogamulizumab-kpkc) (Intravenous)

Document Number: IC-0378

Last Review Date: 10/03/2022

Date of Origin: 09/05/2018

Dates Reviewed: 09/2018, 10/2019, 10/2020, 10/2021, 10/2022

### I. Length of Authorization

Coverage will be provided for 6 months and may be renewed.

### II. Dosing Limits

#### A. Quantity Limit (max daily dose) [NDC Unit]:

- Poteligeo 20 mg single-dose vial: 24 vials per the first 28 days, then 12 vials each subsequent 28 days

#### B. Max Units (per dose and over time) [HCPCS Unit]:

- All Indications: 120 billable units (120 mg) days 1,8,15 and 22 of the first 28-day cycle, then on days 1 and 15 of each subsequent 28-day cycle

### III. Initial Approval Criteria <sup>1</sup>

Coverage is provided in the following conditions:

- Patient is at least 18 years of age; **AND**

#### Universal Criteria <sup>1</sup>

- Used as single agent therapy; **AND**

#### Mycosis Fungoides (MF)/Sezary Syndrome (SS) † Φ <sup>1,2</sup>

- Patient has relapsed or refractory disease; **AND**
  - Patient has received at least one previous systemic therapy † (*note: topical and/or photochemotherapy cannot be considered systemic therapies*); **OR**
- Used as primary treatment as systemic therapy (*excluding use in patients with stage IA mycosis fungoides*) ‡

#### Adult T-Cell Leukemia/Lymphoma ‡ <sup>2</sup>

- Used as subsequent therapy in patients with acute or lymphoma subtypes which did not respond to first-line therapy

† FDA Approved Indication(s); ‡ Compendia recommended indications(s); Ⓢ Orphan Drug

#### IV. Renewal Criteria <sup>1</sup>

Coverage can be renewed based on the following criteria:

- Patient continues to meet the universal and indication-specific relevant criteria identified in section III; **AND**
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: dermatologic toxicity (e.g., Stevens-Johnson syndrome [SJS] and toxic epidermal necrolysis [TEN], etc.), severe infusion reactions, severe infections, autoimmune complications, complications of allogeneic hematopoietic stem cell transplantation (HSCT), etc.

#### V. Dosage/Administration <sup>1,6</sup>

Indication	Dose
All Indications	Administer 1 mg/kg intravenously on days 1, 8, 15 and 22 of the first 28-day cycle, then on days 1 and 15 of each subsequent 28-day cycle until disease progression or unacceptable toxicity.

#### VI. Billing Code/Availability Information

HCPCS Code:

- J9204 – Injection, mogamulizumab-kpkc, 1 mg: 1 billable unit = 1 mg

NDC(s):

- Poteligeo 20 mg/5 mL single-dose vial: 42747-0761-xx

#### VII. References

1. Poteligeo [package insert]. Bedminster, NJ; Kyowa Kirin, Inc.; March 2022. Accessed August 2022.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for mogamulizumab-kpkc. National Comprehensive Cancer Network, 2022. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed August 2022.

3. Referenced with permission from the NCCN Drugs and Biologics Compendium (NCCN Compendium®) T-Cell Lymphomas Version 2.2022. National Comprehensive Cancer Network, 2022. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed August 2022.
4. Referenced with permission from the NCCN Drugs and Biologics Compendium (NCCN Compendium®) Primary Cutaneous Lymphomas Version 2.2022. National Comprehensive Cancer Network, 2022. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed August 2022.
5. Kim YH, Bagot M, Eradat HA, et al. Phase 3 study of anti-CCR4 monoclonal antibody mogalizumab versus vorinostat in relapsed or refractory cutaneous T-cell lymphoma (CTCL). Journal of Clinical Oncology 2014 32:15\_suppl, TPS8623-TPS8623.
6. Phillips AA, Fields P, Hermine O, et al. A prospective, multicenter, randomized study of anti-CCR4 monoclonal antibody mogamulizumab (moga) vs investigator's choice (IC) in the treatment of patients (pts) with relapsed/refractory (R/R) adult T-cell leukemia-lymphoma (ATL). J Clin Oncol. 2016;34(15\_suppl):7501-7501.

## Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C84.00	Mycosis fungoides, unspecified site
C84.01	Mycosis fungoides, lymph nodes of head, face and neck
C84.02	Mycosis fungoides, intrathoracic lymph nodes
C84.03	Mycosis fungoides, intra-abdominal lymph nodes
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb
C84.06	Mycosis fungoides, intrapelvic lymph nodes
C84.07	Mycosis fungoides, spleen
C84.08	Mycosis fungoides, lymph nodes of multiple sites
C84.09	Mycosis fungoides, extranodal and solid organ sites
C84.10	Sézary disease, unspecified site
C84.11	Sézary disease, lymph nodes of head, face, and neck
C84.12	Sézary disease, intrathoracic lymph nodes
C84.13	Sézary disease, intra-abdominal lymph nodes

### POTELIGEO® (mogamulizumab-kpkc) Prior Auth Criteria

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ICD-10	ICD-10 Description
C84.14	Sézary disease, lymph nodes of axilla and upper limb
C84.15	Sézary disease, lymph nodes of inguinal region and lower limb
C84.16	Sézary disease, intrapelvic lymph nodes
C84.17	Sézary disease, spleen
C84.18	Sézary disease, lymph nodes of multiple sites
C84.19	Sézary disease, extranodal and solid organ sites
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated) in relapse

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC

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- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist  
PreferredOne Community Health Plan  
PO Box 59052  
Minneapolis, MN 55459-0052  
Phone: 1.800.940.5049 (TTY: 763.847.4013)  
Fax: 763.847.4010  
[customerservice@preferredone.com](mailto:customerservice@preferredone.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language Assistance Services

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, taiaajiila qarqaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

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ဟ်သ့ဟ်သး- နမၤကတိၤ ကသီၤ ကျိၣ်အယိၤ, နမၤန့ၣ် ကျိၣ်အတၢ်မၤစၢၤလၢ တလၢၣ်ဘျၣ်လၢၣ်စၢၤ နီၣ်တမံၤဘၣ်သ့န့ၣ်လီၤ. ကိး 1.800.940.5049 (TTY: 763.847.4013).

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- Information written in other languages

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PreferredOne Insurance Company  
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Minneapolis, MN 55459-0212  
Phone: 1.800.940.5049 (TTY: 763.847.4013)  
Fax: 763.847.4010  
[customerservice@preferredone.com](mailto:customerservice@preferredone.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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