Reference number(s)
2652-A

SPECIALTY GUIDELINE MANAGEMENT

POTELIGEO (mogamulizumab-kpkc)

POLICY

I. INDICATIONS

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

A. FDA-Approved Indications
Poteligeo is indicated for the treatment of adult patients with relapsed or refractory mycosis fungoides (MF) or Sézary syndrome (SS) after at least one prior systemic therapy.

B. Compendial Uses
1. Mycosis fungoides (MF) or Sézary syndrome (SS) as primary treatment
2. Adult T-cell leukemia/lymphoma

All other indications are considered experimental/investigational and not medically necessary.

II. CRITERIA FOR INITIAL APPROVAL

A. Mycosis fungoides (MF) or Sézary syndrome (SS)
Authorization of 12 months may be granted for treatment of mycosis fungoides (MF) or Sézary syndrome (SS).

B. Adult T-cell leukemia/lymphoma
Authorization of 12 months may be granted for treatment of adult T-cell leukemia/lymphoma when used as a single-agent second line or subsequent therapy for acute or lymphoma subtypes.

III. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section II who have not experienced disease progression or an unacceptable toxicity.

IV. REFERENCES

1. Poteligo [package insert]. Bedminster, NJ: Kyowa Kirin, Inc.; August 2018.
2. The NCCN Drugs & Biologics Compendium® © 2019 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed September 12, 2019.