

**Policy: MBP 185.0**

**Section: Medical Benefit Pharmaceutical Policy**

**Subject: Poteligeo (mogamulizumab-kpkc)**

**I. Policy:**

Poteligeo (mogamulizumab-kpkc)

**II. Purpose/Objective:**

To provide a policy of coverage regarding Poteligeo (mogamulizumab-kpkc)

**III. Responsibility:**

- A. Medical Directors
- B. Medical Management
- C. Pharmacy Department

**IV. Required Definitions**

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than
3. the department requiring/authoring the policy.
4. Devised – the date the policy was implemented.
5. Revised – the date of every revision to the policy, including typographical and grammatical changes.
6. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

**V. Additional Definitions**

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards good medical treatment practiced by the general medical community;
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient

**Medicaid Business Segment**

Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

- (i) the service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
- (ii) the service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.
- (iii) the service or benefit will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age

**DESCRIPTION:**

Poteligeo (mogamulizumab-kpkc) 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 (eg, mycosis fungoides, Sézary syndrome, adult T-cell leukemia/lymphoma, peripheral T-cell lymphoma) (Kim 2018). Mogamulizumab-kpkc binding to CCR4 targets a cell for antibody-dependent cellular cytotoxicity (ADCC), resulting in target cell depletion.

**CRITERIA FOR USE: Requires Prior Authorization by Medical Director or Designee**

Poteligeo (mogamulizumab-kpkc) will be considered medically necessary when ALL of the following criteria are met:

- Prescription is written by a hematologist/oncologist or dermatologist **AND**
- Medical record documentation that patient is 18 years of age or older **AND**
- Medical record documentation of relapsed or refractory mycosis fungoides or Sézary syndrome **AND**
- Medical record documentation of resistance or intolerance to one prior therapy

**AUTHORIZATION DURATION:** Initial approval will be for 12 months or less if the reviewing provider feels it is medically appropriate. Subsequent approvals will be for an additional 12 months or less if the reviewing provider feels it is medically appropriate and will require medical record documentation of continued disease improvement or lack of disease progression. The medication will no longer be covered if patient experiences toxicity or worsening of disease.

**LINE OF BUSINESS:**

**Eligibility and contract specific benefit limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy.**

This policy will be revised as necessary and reviewed no less than annually.

**Devised:** 11/20/18

**Revised:** 5/21/19 (dermatologist)

**Reviewed:** 2/1/20, 1/28/21, 1/21/22