

Mogamulizumab-kpkc (Poteligeo®)

Place of Service
Office Administration
Infusion Center Administration
Outpatient Facility Administration

HCPCS: J9204 per 1 mg

Condition listed in policy (*see criteria for details*)

- [Mycosis fungoides or Sézary syndrome](#)
- [T-cell leukemia/lymphoma](#)

AHFS therapeutic class: Antineoplastic agent

Mechanism of action: CC chemokine receptor type 4 (CCR4)-directed monoclonal antibody

(1) Special Instructions and pertinent Information

Covered under the medical benefit, please submit clinical information for prior authorization review via fax.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for mogamulizumab-kpkc (Poteligeo®) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Mycosis fungoides or Sézary syndrome

- Not being used in combination with other systemic therapies

Covered Dose

Up to 1 mg/kg IV on days 1, 8, 15, and 22 of the first 28-day cycle followed by up to 1 mg/kg IV on days 1 and 15 of each subsequent cycle

Coverage Period

Indefinite

ICD-10: C84.00-C84.09, C84.10-C84.19

T-cell leukemia/lymphoma

1. Being used as a single agent, **AND**
2. Being used as second line or subsequent therapy

Covered Dose

Up to 1 mg/kg IV on days 1, 8, 15, and 22 of the first 28-day cycle followed by up to 1 mg/kg IV on days 1 and 15 of each subsequent cycle

Coverage Period

Indefinite

ICD-10:
C91.50, C91.52

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for mogamulizumab-kpkc (Poteligeo®) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT medically necessary for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:

- 20 mg/5 mL single-dose vial

(6) References

- AHFS®. Available by subscription at <http://www.lexi.com>
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
- Poteligeo® (mogamulizumab-kpkc) [Prescribing information]. Bedminster, NJ: Kyowa Kirin, Inc; 3/2022.
- National Comprehensive Cancer Network. Primary Cutaneous Lymphomas (Version 2.2022). Available at <http://www.nccn.org>.
- National Comprehensive Cancer Network. T-Cell Lymphomas (Version 2.2022). Available at <http://www.nccn.org>.

(7) Policy Update

Date of last review: 1Q2023

Date of next review: 1Q2024

Changes from previous policy version:

- No clinical change to policy following routine annual review.

*BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee*