

Effective
October 1, 2019

Permanent
J Code 9204



POTELIGEO[®]
(mogamulizumab-kpkc) Injection

Billing and Coding Guide

The information provided is for informational purposes only and represents no statement, promise, or guarantee by Kyowa Kirin concerning levels of reimbursement, payment, or charges.

HCPCS, CPT, and ICD-10-CM codes are supplied for informational purposes only and represent no statement, promise, or guarantee by Kyowa Kirin that these codes will be appropriate or that reimbursement will be made.

Information provided is not intended to increase or maximize reimbursement by any payor.

Healthcare providers are responsible for selecting appropriate codes used to file a claim.

Codes should be based on the patient's diagnosis and the items and services furnished by the provider.

All codes should be verified between the provider and payer.

CPT is a registered trademark of the American Medical Association.

Please see Indication and Important Safety Information
on back and accompanying full Prescribing Information.

Healthcare Common Procedure Coding System (HCPCS) codes¹

J Code for billing POTELIGEO

Injection, mogamulizumab-kpkc 1 mg

Revenue code: 0636

(Revenue code is for hospital outpatient claim form CMS-1450)

Claims for physician-administered drugs billed under the medical benefit must be submitted with a HCPCS code to identify the drug administered to the patient.

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National Drug Codes (NDCs)²

NDCs for POTELIGEO

42747-761-01

To convert the 10-digit NDC registered with the Food and Drug Administration (FDA) for POTELIGEO to an 11-digit NDC, a payer may require you to add a leading **zero (0) or an asterisk (*)** to the first position in the middle set of numbers.

42747-**0761**-01 or 42747-***761**-01

To help facilitate reimbursement, it is recommended that initial claims are submitted with:

A copy of the purchase invoice | Patient medical records



The Kyowa Kirin Cares program supports patients throughout their POTELIGEO treatment.



To learn more about Kyowa Kirin Cares or to enroll a patient, call **1-833-KKCARES (1-833-552-2737)** or visit www.KyowaKirinCares.com.

Please see Indication and Important Safety Information on back and accompanying full Prescribing Information.



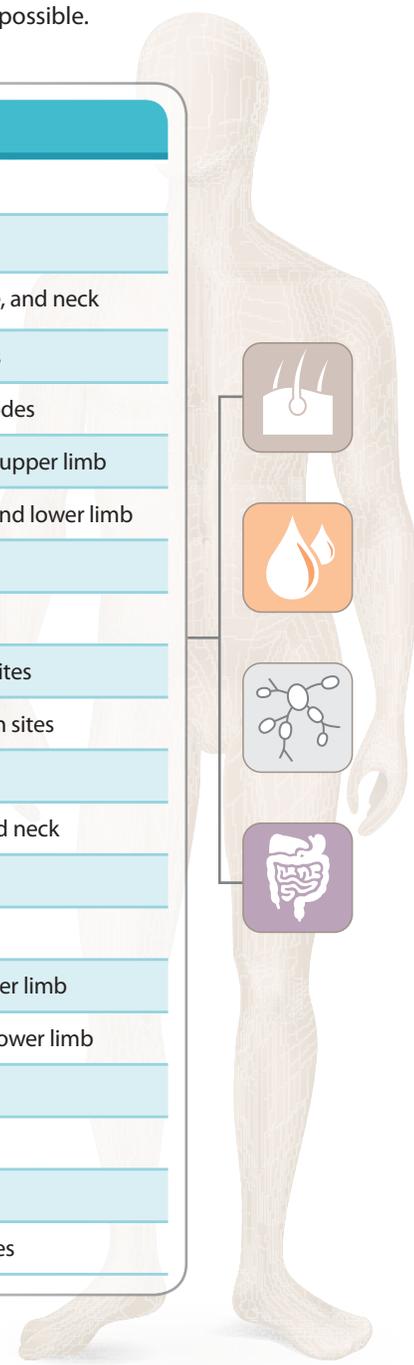
International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)^{3,4}

Codes that may be appropriate for use when billing a POTELIGEO claim

The ICD-10-CM is a system used by physicians and other healthcare providers to classify and code all diagnoses, symptoms and procedures recorded in conjunction with hospital care in the United States.

ICD-10-CM is composed of codes with 3, 4, 5, 6, or 7 characters. Codes with 3 characters are included in ICD-10-CM as the heading of a category of codes that may be further subdivided by the use of fourth, fifth, sixth, or seventh characters to provide greater specificity. A 3-character code is to be used only if it is not further subdivided. It is recommended to utilize the most specific sub-code when possible.

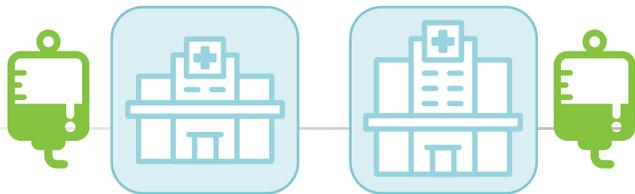
POTENTIAL ICD-10-CM CODES		
Diagnosis coding	Code	Description
ICD-10-CM	C84.00	Mycosis fungoides, unspecified site
ICD-10-CM	C84.01	Mycosis fungoides, lymph nodes of head, face, and neck
ICD-10-CM	C84.02	Mycosis fungoides, intrathoracic lymph nodes
ICD-10-CM	C84.03	Mycosis fungoides, intra-abdominal lymph nodes
ICD-10-CM	C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb
ICD-10-CM	C84.05	Mycosis fungoides, nodes of inguinal region and lower limb
ICD-10-CM	C84.06	Mycosis fungoides, intrapelvic lymph nodes
ICD-10-CM	C84.07	Mycosis fungoides, spleen
ICD-10-CM	C84.08	Mycosis fungoides, lymph nodes of multiple sites
ICD-10-CM	C84.09	Mycosis fungoides, extranodal and solid organ sites
ICD-10-CM	C84.10	Sézary disease, unspecified site
ICD-10-CM	C84.11	Sézary disease, lymph nodes of head, face, and neck
ICD-10-CM	C84.12	Sézary disease, intrathoracic lymph nodes
ICD-10-CM	C84.13	Sézary disease, intra-abdominal lymph nodes
ICD-10-CM	C84.14	Sézary disease, lymph nodes of axilla and upper limb
ICD-10-CM	C84.15	Sézary disease, nodes of inguinal region and lower limb
ICD-10-CM	C84.16	Sézary disease, intrapelvic lymph nodes
ICD-10-CM	C84.17	Sézary disease, spleen
ICD-10-CM	C84.18	Sézary disease, lymph nodes of multiple sites
ICD-10-CM	C84.19	Sézary disease, extranodal and solid organ sites



Please see Indication and Important Safety Information on back and accompanying full Prescribing Information.



Potential Level I Current Procedural Terminology (CPT®) administration codes for billing POTELIGEO⁵



To report the administration of an intravenous infusion of POTELIGEO in the hospital outpatient or physician office setting it may be appropriate to use the following CPT code:

CPT CODE		
Drug administration coding	Code	Description
CPT ^a	96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug

^a CPT Copyright 2018 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. The AMA assumes no liability for data contained or not contained herein.

Please see Indication and Important Safety Information on back and accompanying full Prescribing Information.

 **POTELIGEO**[®]
(mogamulizumab-kpkc)_{injection}

Physician office claim information for CMS-1500⁶⁻⁸



Set forth below are illustrative examples of completed fields in a CMS-1500 claim form

Item 21

Indicate diagnosis/diagnoses using appropriate ICD-10-CM codes. **For example:**

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)
C84.00

Item 24

Shaded area above numbered rows. When required to submit NDC drug and quantity information for Medicaid rebates, submit the NDC code in the pink-shaded portion of the detail line item in positions 01 through position 13. The NDC is to be preceded with the qualifier N4 and followed immediately by the 11-digit NDC code (eg, N499999999999). Report the NDC quantity in positions 17 through 24 of the same pink-shaded portion. The quantity is to be preceded by the appropriate qualifier: UN (units), F2 (international units), GR (gram) or ML (milliliter). There are 6 bytes available for quantity. If the quantity is less than 6 bytes, left justify and space fill the remaining positions (eg, UN2 or F2999999). Private payers may require other values in this field. **For example:**

24 (1) Pink Shaded Area.
N442747076101ML5

Item 24D

Indicate appropriate CPT and HCPCS codes and modifiers if required. **For example:**

24D. PROCEDURES, SERVICES, OR SUPPLIES LINES 1 THROUGH 6
LINE 1 HCPCS: J9204
LINE 2 CPT: 96413

Item 24G

Indicate number of service units for codes listed in 24D. For Medicare claims, the outpatient clinic or physician's office should code for 1 unit. The actual quantity used should be reported in the pink-shaded area of box 24. Private payers may require other values in this field. **For example:**

24G. DAYS OR UNITS
LINE 1 HCPCS: 1
LINE 2 CPT: 1

Please see Indication and Important Safety Information
on back and accompanying full Prescribing Information.



Hospital outpatient key claim information for UB-04/CMS-1450⁷⁻⁹



Set forth below are illustrative examples of completed fields in a CMS-1450 claim form

- Item 42 Revenue code.** The provider enters the appropriate revenue code(s) from the following list to identify specific accommodation and/or ancillary charges. For Medicare, revenue code 0636 (drugs that require detailed coding). For non-Medicare payers, revenue code 0250 (general pharmacy) injection services may be reported with revenue code 0510 (clinic, general service). **For example:**

42 REV CODE	0636
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- Item 43 Revenue description/Medicaid drug rebate.** The provider enters a narrative description or standard abbreviation for each revenue code shown in FL 42 on the adjacent line in FL 43. The information assists clerical bill review. Descriptions or abbreviations correspond to the revenue codes. "Other" code categories are locally defined and individually described on each bill. When required to submit drug rebate data for Medicaid rebates, submit N4 followed by the 11-digit NDC in positions 01-13 (eg, N499999999999). Report the NDC quantity qualifier followed by the quantity beginning in position 14. The description field on Form CMS-1450 is 24 characters in length. **For example:**

43 DESCRIPTION	N442747076101ML5
----------------	------------------

- Item 44 HCPCS/rates/HIPPS rate codes.** Indicate appropriate CPT and HCPCS codes and modifiers if required. Additional information on the procedure may be placed in locator box 80 as required by payer. **For example:**

44 HCPCS/Rates/HIPPS Rate Codes LINES 1 THROUGH 22
LINE 1: HCPCS: J9204
LINE 2: CPT: 96413

- Item 46 Units of service.** Enter the number of units equal to the number of times the procedure/service being reported was performed. For Medicare claims, the actual quantity used should be reported in locator box 80. Other payers may require a different format. **For example:**

46 SERV. UNITS	LINE 1 HCPCS: 1
	LINE 2 CPT: 1

- Item 67 Principal diagnosis code.** Indicate diagnosis/diagnoses using appropriate ICD-10-CM code. **For example:**

67 DX	C84.00
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Please see Indication and Important Safety Information on back and accompanying full Prescribing Information.

Hospital outpatient key claim information for UB-04/CMS-1450⁷⁻⁹



Item 42

Item 43

Item 44

Item 46

Item 67

1		2		3a PAT. CNTL. #		4 TYPE OF BILL	
				b. MED. REC. #			
				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM THROUGH	
8 PATIENT NAME		9 PATIENT ADDRESS					
10 BIRTHDATE		11 SEX		12 DATE		13 HR	
14 TYPE		15 SRC		16 DHR		17 STAT	
18		19		20		21	
22		23		24		25	
26		27		28		29 ACCT STATE	
30		31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE	
34 OCCURRENCE DATE		35 CODE		36 OCCURRENCE SPAN FROM THROUGH		37 OCCURRENCE SPAN FROM THROUGH	
38		39 CODE		40 VALUE CODES AMOUNT		41 CODE	
		a		42 VALUE CODES AMOUNT		43 CODE	
		b					
		c					
		d					
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
1							
2							
3							
4							
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PAGE OF		CREATION DATE		TOTALS			
50 PAYER NAME		51 HEALTH PLAN ID		52 REL. INFO		53 ASBL. BEN.	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		57 OTHER PRV. ID	
58 INSURED'S NAME		59 P. REL.		60 INSURED'S UNIQUE ID		61 GROUP NAME	
62 INSURANCE GROUP NO.							
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME			
66 DX		67		68		69	
70 PATIENT REASON DX		71 PPS CODE		72 ECI		73	
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 ATTENDING NPI		77 QUAL	
78 LAST		79 FIRST		77 OPERATING NPI		78 QUAL	
79 LAST		80 FIRST		78 OTHER NPI		79 QUAL	
80 LAST		81 FIRST		79 OTHER NPI		80 QUAL	
81 LAST		82 FIRST					
80 REMARKS		81CC a		82		83	
		b					
		c					
		d					

UB-04 CMS-1450 APPROVED OMB NO. THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF. NUBC LIC9213257

Please see Indication and Important Safety Information on back and accompanying full Prescribing Information.



Footnotes

- 1. HCPCS Level II Coding Process & Criteria:** The Centers for Medicare and Medicaid (CMS) regulation published on August 17, 2000 (45 CFR 162.10002) to implement the HIPAA requirement for standardized coding systems established the HCPCS level II codes as the standardized coding system for describing and identifying health care equipment and supplies in health care transactions that are not identified by the HCPCS level I, CPT codes. The HCPCS level II coding system was selected as the standardized coding system because of its wide acceptance among both public and private insurers. Public and private insurers were required to be in compliance with the August 2000 regulation by October 1, 2002. The HCPCS Level II Coding Process/Criteria document describes HCPCS level II coding procedures and coding criteria.
- 2. National Drug Code (NDC):** The Drug Listing Act of 1972 requires registered drug establishments to provide the Food and Drug Administration (FDA) with a current list of all drugs manufactured, prepared, propagated, compounded, or processed by it for commercial distribution. (See Section 510 of the Federal Food, Drug, and Cosmetic Act [FD&C Act] (21 U.S.C. § 360)). Drug products are identified and reported using a unique, 3-segment number, called the NDC, which serves as a universal product identifier for drugs. FDA publishes the listed NDC numbers and the information submitted as part of the listing information in the NDC Directory, which is updated daily. The information submitted as part of the listing process, the NDC number, and the NDC Directory are used in the implementation and enforcement of the Act.
- 3. ICD-10-CM:** The International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) is a system used by physicians and other healthcare providers to classify and code all diagnoses, symptoms and procedures recorded in conjunction with hospital care in the United States. The Centers for Disease Control developed and maintains the ICD-10-CM code set. <https://www.cms.gov/Medicare/Coding/ICD10/2018-ICD-10-CM-and-GEMs.html>.
- 4. Developed by Alchemy Healthcare Solutions LLC, 1/2018**
- 5. Current Procedural Terminology (CPT®):** The American Medical Association (AMA) developed and maintains the official CPT code set. Please refer to AMA website with any questions at the following link: <https://www.ama-assn.org/practice-management/cpt-frequently-asked-questions>. The CPT is the most widely accepted medical nomenclature used to report medical procedures and services under public and private health insurance programs. CPT is maintained by the CPT Editorial Panel, which meets three times a year to discuss issues associated with new and emerging technologies as well as difficulties encountered with procedures and services and their relation to CPT codes.
- 6. CMS-1500 Form:** The Form CMS-1500 is the standard paper claim form to bill Medicare Fee-For-Service (FFS) Contractors when a paper claim is allowed. In addition to billing Medicare, Form CMS-1500 may be suitable for billing various government and some private insurers. [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/form cms-1500 fact sheet.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/form%20cms-1500%20fact%20sheet.pdf).
- 7. UB-04 (CMS-1450) Form:** The Form CMS-1450, also known as the UB-04, is the standard claim form to bill Medicare Administrative Contractors (MACs) when a paper claim is allowed. In addition to billing Medicare, the 837I and Form CMS-1450 may be suitable for billing various government and some private insurers. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/837I-FormCMS-1450-ICN006926.pdf>.
- 8. Medicare Claims Processing Manual CMS-1510 Chapter 26:**
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c26.pdf>
- 9. Medicare Claims Processing Manual CMS-1450 Chapter 25:**
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c25.pdf>

Please see Indication and Important Safety Information on back and accompanying full Prescribing Information.



Indication

POTELIGEO injection for intravenous infusion 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.

Important Safety Information

Warnings and Precautions

Dermatologic toxicity: Monitor patients for rash throughout the course of treatment. For patients who experienced dermatologic toxicity in Trial 1, the median time to onset was 15 weeks, with 25% of cases occurring after 31 weeks. Interrupt POTELIGEO for moderate or severe rash (Grades 2 or 3). Permanently discontinue POTELIGEO for life-threatening (Grade 4) rash or for any Stevens-Johnson syndrome (SJS) or toxic epidermal necrolysis (TEN).

Infusion reactions: Most infusion reactions occur during or shortly after the first infusion. Infusion reactions can also occur with subsequent infusions. Monitor patients closely for signs and symptoms of infusion reactions and interrupt the infusion for any grade reaction and treat promptly. Permanently discontinue POTELIGEO for any life-threatening (Grade 4) infusion reaction.

Infections: Monitor patients for signs and symptoms of infection and treat promptly.

Autoimmune complications: Interrupt or permanently discontinue POTELIGEO as appropriate for suspected immune-mediated adverse reactions. Consider the benefit/risk of POTELIGEO in patients with a history of autoimmune disease.

Complications of allogeneic HSCT after POTELIGEO: Increased risks of transplant complications have been reported in patients who received allogeneic HSCT after POTELIGEO. Follow patients closely for early evidence of transplant-related complications.

Adverse Reactions

The most common adverse reactions (reported in $\geq 10\%$ of patients) with POTELIGEO in the clinical trial were rash, including drug eruption (35%), infusion reaction (33%), fatigue (31%), diarrhea (28%), drug eruption (24%), upper respiratory tract infection (22%), musculoskeletal pain (22%), skin infection (19%), pyrexia (17%), edema (16%), nausea (16%), headache (14%), thrombocytopenia (14%), constipation (13%), anemia (12%), mucositis (12%), cough (11%), and hypertension (10%).

You are encouraged to report suspected adverse reactions to Kyowa Kirin, Inc. at 1-844-768-3544 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see accompanying full Prescribing Information.



www.poteligeohcp.com

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PM-US-POT-0076 September 2019

KYOWA KIRIN

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use POTELIGEO safely and effectively. See full prescribing information for POTELIGEO.

POTELIGEO® (mogamulizumab-kpkc) injection, for intravenous use

Initial U.S. Approval: 2018

-----INDICATIONS AND USAGE-----

POTELIGEO is a CC chemokine receptor type 4 (CCR4)-directed monoclonal antibody indicated for the treatment of adult patients with relapsed or refractory mycosis fungoides or Sézary syndrome after at least one prior systemic therapy [1].

-----DOSAGE AND ADMINISTRATION-----

1 mg/kg as an intravenous infusion over at least 60 minutes on days 1, 8, 15, and 22 of the first 28-day cycle and on days 1 and 15 of each subsequent cycle [2].

-----DOSAGE FORMS AND STRENGTHS-----

Injection: 20 mg/5 mL (4 mg/mL) solution in a single-dose vial [3].

-----CONTRAINDICATIONS-----

None [4].

-----WARNINGS AND PRECAUTIONS-----

- **Dermatologic Toxicity:** Temporarily interrupt POTELIGEO for moderate or severe skin rashes. Permanently discontinue POTELIGEO for life-threatening rash [5.1].
- **Infusion Reactions:** Temporarily interrupt POTELIGEO for any infusion reaction. Permanently discontinue POTELIGEO for any life-threatening infusion reaction [5.2].
- **Infections:** Monitor and treat promptly [5.3].
- **Autoimmune Complications:** Interrupt or permanently discontinue POTELIGEO as appropriate [5.4].
- **Complications of Allogeneic HSCT after POTELIGEO:** Monitor for severe acute graft-versus-host disease (GVHD) and steroid-refractory GVHD. Transplant-related mortality has occurred. [5.5].

-----ADVERSE REACTIONS-----

The most common adverse reactions (reported in $\geq 20\%$ of patients) were rash, infusion related reactions, fatigue, diarrhea, musculoskeletal pain, and upper respiratory tract infection [6.1].

To report SUSPECTED ADVERSE REACTIONS, contact Kyowa Kirin, Inc. at 1-844-768-3544 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

See 17 for PATIENT COUNSELING INFORMATION and FDA- approved patient labeling.

Revised: 08/2018

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FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

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.

2 DOSAGE AND ADMINISTRATION

2.1 Recommended Dosage

The recommended dose of POTELIGEO is 1 mg/kg administered as an intravenous infusion over at least 60 minutes. Administer 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.

Administer POTELIGEO within 2 days of the scheduled dose. If a dose is missed, administer the next dose as soon as possible and resume dosing schedule.

Do not administer POTELIGEO subcutaneously or by rapid intravenous administration.

Recommended Premedications

Administer premedication with diphenhydramine and acetaminophen for the first POTELIGEO infusion.

2.2 Dose Modifications for Toxicity

Dermatologic Toxicity

- Permanently discontinue POTELIGEO for life-threatening (Grade 4) rash or for any Stevens-Johnson syndrome (SJS) or toxic epidermal necrolysis (TEN) [*see Warnings and Precautions (5.1)*]. If SJS or TEN is suspected, stop POTELIGEO and do not resume unless SJS or TEN has been excluded and the cutaneous reaction has resolved to Grade 1 or less.
- If moderate or severe (Grades 2 or 3) rash occurs, interrupt POTELIGEO and administer at least 2 weeks of topical corticosteroids. If rash improves to Grade 1 or less, POTELIGEO may be resumed [*see Warnings and Precautions (5.1)*].
- If mild (Grade 1) rash occurs, consider topical corticosteroids.

Infusion Reactions

- Permanently discontinue POTELIGEO for a life-threatening (Grade 4) infusion reaction [*see Warnings and Precautions (5.2)*].
- Temporarily interrupt the infusion of POTELIGEO for mild to severe (Grades 1 to 3) infusion reactions and treat symptoms. Reduce the infusion rate by at least 50% when restarting the

infusion after symptoms resolve. If reaction recurs and is unmanageable, discontinue infusion. [see *Warnings and Precautions* (5.2)].

- If an infusion reaction occurs, administer premedication (such as diphenhydramine and acetaminophen) for subsequent POTELIGEO infusions.

2.3 Preparation and Administration

Preparation

- Visually inspect drug product solution for particulate matter and discoloration prior to administration. POTELIGEO is a clear to slightly opalescent colorless solution. Discard the vial if cloudiness, discoloration, or particulates are observed.
- Calculate the dose (mg/kg) and number of vials of POTELIGEO needed to prepare the infusion solution based on patient weight.
- Aseptically withdraw the required volume of POTELIGEO into the syringe and transfer into an intravenous (IV) bag containing 0.9% Sodium Chloride Injection, USP. The final concentration of the diluted solution should be between 0.1 mg/mL to 3.0 mg/mL.
- Mix diluted solution by gentle inversion. Do not shake.
- Discard any unused portion left in the vial.

The diluted solution is compatible with polyvinyl chloride (PVC) or polyolefin (PO) infusion bags.

Administration

- Administer infusion solution over at least 60 minutes through an intravenous line containing a sterile, low protein binding, 0.22 micron (or equivalent) in-line filter.
- Do not mix POTELIGEO with other drugs.
- Do not co-administer other drugs through the same intravenous line.

Storage of Diluted Solution

After preparation, infuse the POTELIGEO solution immediately, or store under refrigeration at 2°C to 8°C (36°F to 46°F) for no more than 4 hours from the time of infusion preparation. Do not freeze. Do not shake.

3 DOSAGE FORMS AND STRENGTHS

Injection: 20 mg/5 mL (4 mg/mL) as a clear to slightly opalescent colorless solution in a single-dose vial.

4 CONTRAINDICATIONS

None.

5 WARNINGS AND PRECAUTIONS

5.1 Dermatologic Toxicity

Fatal and life-threatening skin adverse reactions, including Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN), have occurred in recipients of POTELIGEO. Rash (drug eruption) is one of the most common adverse reactions associated with POTELIGEO. In Trial 1, 25% (80/319) of patients treated with POTELIGEO had an adverse reaction of drug eruption, with 18% of these cases being severe (Grade 3) and 82% of these cases being Grade 1 or 2. Of 528 patients treated with POTELIGEO in clinical trials, Grade 3 skin adverse reactions were reported in 3.6%, Grade 4 skin adverse reactions in <1%, and SJS in <1%.

The onset of drug eruption is variable, and the affected areas and appearance vary. In Trial 1, the median time to onset was 15 weeks, with 25% of cases occurring after 31 weeks. The more common presentations reported included papular or maculopapular rash, lichenoid, spongiotic or granulomatous dermatitis, and morbilliform rash. Other presentations included scaly plaques, pustular eruption, folliculitis, non-specific dermatitis, and psoriasiform dermatitis.

Monitor patients for rash throughout the treatment course. Management of dermatologic toxicity includes topical corticosteroids and interruption or permanent cessation of POTELIGEO [*see Dosage and Administration (2.2)*]. Consider skin biopsy to help distinguish drug eruption from disease progression.

Discontinue POTELIGEO permanently for SJS or TEN or for any life-threatening (Grade 4) reaction. For possible SJS or TEN, interrupt POTELIGEO and do not restart unless SJS or TEN is ruled out and the cutaneous reaction has resolved to Grade 1 or less.

5.2 Infusion Reactions

Fatal and life-threatening infusion reactions have been reported in patients treated with POTELIGEO. In Trial 1, infusion reactions occurred in 35% (112/319) of patients treated with POTELIGEO, with 8% of these reactions being severe (Grade 3). Most reactions (approximately 90%) occur during or shortly after the first infusion. Infusion reactions can also occur with subsequent infusions. The most commonly reported signs include chills, nausea, fever, tachycardia, rigors, headache, and vomiting.

Consider premedication (such as diphenhydramine and acetaminophen) for the first infusion of POTELIGEO in all patients. Whether premedication reduces the risk or severity of these reactions is not established. In Trial 1, infusion reactions occurred in 42% of patients without premedication and 32% of patients with premedication. Monitor patients closely for signs and symptoms of infusion reactions and interrupt the infusion for any grade reaction and treat promptly [*see Dosage and Administration (2.2)*].

5.3 Infections

Fatal and life-threatening infections have occurred in patients treated with POTELIGEO, including sepsis, pneumonia, and skin infection. In Trial 1, 18% (34/184) of patients randomized to POTELIGEO had Grade 3 or higher infection or an infection-related serious adverse reaction. Monitor patients for signs and symptoms of infection and treat promptly.

5.4 Autoimmune Complications

Fatal and life-threatening immune-mediated complications have been reported in recipients of POTELIGEO. Grade 3 or higher immune-mediated or possibly immune-mediated reactions have included myositis, myocarditis, polymyositis, hepatitis, pneumonitis, and a variant of Guillain-Barré syndrome. Use of systemic immunosuppressants for immune-mediated reactions was reported in 1.9% (6/319) of recipients of POTELIGEO in Trial 1, including for a case of Grade 2 polymyalgia rheumatica. New-onset hypothyroidism (Grade 1 or 2) was reported in 1.3% of patients and managed with observation or levothyroxine. Interrupt or permanently discontinue POTELIGEO as appropriate for suspected immune-mediated adverse reactions. Consider the benefit/risk of POTELIGEO in patients with a history of autoimmune disease.

5.5 Complications of Allogeneic Hematopoietic Stem Cell Transplantation (HSCT) after POTELIGEO

Increased risks of transplant complications have been reported in patients who receive allogeneic HSCT after POTELIGEO including severe (Grade 3 or 4) acute graft-versus-host disease (GVHD), steroid-refractory GVHD, and transplant-related death. Among recipients of pre-transplantation POTELIGEO, a higher risk of transplant complications has been reported if POTELIGEO is given within a shorter time frame (approximately 50 days) before HSCT. Follow patients closely for early evidence of transplant-related complications.

6 ADVERSE REACTIONS

The following serious adverse reactions are discussed in greater detail in other sections of the labeling:

- Dermatologic Toxicity [*see Warnings and Precautions (5.1)*].
- Infusion Reactions [*see Warnings and Precautions (5.2)*].
- Infections [*see Warnings and Precautions (5.3)*].
- Autoimmune Complications [*see Warnings and Precautions (5.4)*].
- Complications of Allogeneic HSCT after POTELIGEO [*see Warnings and Precautions (5.5)*].

6.1 Clinical Trial Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

Trial 1

The data described below reflect exposure to POTELIGEO in a randomized, open-label, actively controlled clinical trial for adult patients with MF or SS who received at least one prior systemic therapy [see *Clinical Studies (14)*]. Of 370 patients treated, 184 (57% with MF, 43% with SS) received POTELIGEO as randomized treatment and 186 (53% with MF, 47% with SS) received vorinostat. In the vorinostat arm, 135 patients (73%) subsequently crossed over to POTELIGEO for a total of 319 patients treated with POTELIGEO.

POTELIGEO was administered at 1 mg/kg intravenously over at least 60 minutes on days 1, 8, 15, and 22 of the first 28-day cycle and on days 1 and 15 of subsequent 28-day cycles. Premedication (diphenhydramine, acetaminophen) was optional and administered to 65% of randomized patients for the first infusion. The comparator group received vorinostat 400 mg orally once daily, given continuously in 28-day cycles. Treatment continued until unacceptable toxicity or progressive disease.

The median age was 64 years (range, 25 to 101 years), 58% of patients were male, 70% were white, and 99% had an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1. Patients had a median of 3 prior systemic therapies. The trial required an absolute neutrophil count (ANC) $\geq 1500/\mu\text{L}$ ($\geq 1000/\mu\text{L}$ if bone marrow was involved), platelet count $\geq 100,000/\mu\text{L}$ ($\geq 75,000/\mu\text{L}$ if bone marrow was involved), creatinine clearance > 50 mL/min or serum creatinine ≤ 1.5 mg/dL, and hepatic transaminases ≤ 2.5 times upper limit of normal (ULN) (≤ 5 times ULN if lymphomatous liver infiltration). Patients with active autoimmune disease, active infection, autologous HSCT within 90 days, or prior allogeneic HSCT were excluded.

During randomized treatment, the median duration of exposure to POTELIGEO was 5.6 months, with 48% (89/184) of patients with at least 6 months of exposure and 23% (43/184) with at least 12 months of exposure. The median duration of exposure to vorinostat was 2.8 months, with 22% (41/186) of patients with at least 6 months of exposure.

Fatal adverse reactions within 90 days of the last dose occurred in 2.2% (7/319) of patients who received POTELIGEO as randomized or crossover treatment.

Serious adverse reactions were reported in 36% (66/184) of patients randomized to POTELIGEO and most often involved infection (16% of patients; 30/184). Serious adverse reactions reported in $> 2\%$ of patients randomized to POTELIGEO were pneumonia (5%), sepsis (4%), pyrexia (4%), and skin infection (3%); other serious adverse reactions, each reported in 2% of patients, included hepatitis, pneumonitis, rash, infusion related reaction, lower respiratory tract infection, and renal insufficiency. POTELIGEO was discontinued for adverse reactions in 18% of randomized patients, most often due to rash or drug eruption (7.1%).

Common Adverse Reactions

The most common adverse reactions (reported in $\geq 20\%$ of patients randomized to POTELIGEO) were rash (including drug eruption), infusion related reactions, fatigue, diarrhea, upper respiratory tract infection and musculoskeletal pain. Other common adverse reactions (reported in $\geq 10\%$ of patients randomized to POTELIGEO) included skin infection, pyrexia, nausea, edema, thrombocytopenia, headache, constipation, mucositis, anemia, cough and hypertension. Table 1 summarizes common adverse reactions having a $\geq 2\%$ higher incidence with POTELIGEO than with vorinostat in Trial 1.

Table 1: Common Adverse Reactions ($\geq 10\%$) with $\geq 2\%$ Higher Incidence in the POTELIGEO Arm

Adverse Reactions by Body System ^{a, b}	POTELIGEO (N=184)		Vorinostat (N=186)	
	All Grades (%)	\geq Grade 3 (%)	All Grades (%)	\geq Grade 3 (%)
Skin and Subcutaneous Tissue Disorders				
Rash, Including Drug Eruption	35	5	11	2
Drug Eruption	24	5	<1	0
Procedural Complications				
Infusion Related Reaction	33	2	0	0
Infections				
Upper Respiratory Tract Infection	22	0	16	1
Skin Infection	19	3	13	4
Musculoskeletal and Connective Tissue Disorders				
Musculoskeletal Pain	22	<1	17	3
General Disorders				
Pyrexia	17	<1	7	0
Gastrointestinal				
Mucositis	12	1	6	0

^a Adverse reactions include groupings of individual preferred terms.

^b Includes adverse reactions reported up to 90 days after randomized treatment.

Rash/Drug Eruption includes: dermatitis (allergic, atopic, bullous, contact, exfoliative, infected), drug eruption, palmoplantar keratoderma, rash (generalized, macular, maculopapular, papular, pruritic, pustular), skin reaction, toxic skin eruption

Upper Respiratory Tract Infection includes: laryngitis viral, nasopharyngitis, pharyngitis, rhinitis, sinusitis, upper respiratory tract infection, viral upper respiratory tract infection

Skin Infection includes: cellulitis, dermatitis infected, erysipelas, impetigo, infected skin ulcer, periorbital cellulitis, skin bacterial infection, skin infection, staphylococcal skin infection

Musculoskeletal Pain includes: back pain, bone pain, musculoskeletal chest pain, musculoskeletal pain, myalgia, neck pain, pain in extremity

Mucositis includes: aphthous stomatitis, mouth ulceration, mucosal inflammation, oral discomfort, oral pain, oropharyngeal pain, stomatitis

Other Common Adverse Reactions in $\geq 10\%$ of POTELIGEO Arm ^{a, b}

- **General disorders:** fatigue (31%), edema (16%)
- **Gastrointestinal disorders:** diarrhea (28%), nausea (16%), constipation (13%)
- **Blood and lymphatic system disorders:** thrombocytopenia (14%), anemia (12%)
- **Nervous system disorders:** headache (14%)
- **Vascular disorders:** hypertension (10%)
- **Respiratory disorders:** cough (11%)

Adverse Reactions in $\geq 5\%$ but $< 10\%$ of POTELIGEO Arm^{a, b}

- **Infections:** candidiasis (9%), urinary tract infection (9%), folliculitis (8%), pneumonia (6%), otitis (5%), herpesvirus infection (5%)
- **Investigations:** renal insufficiency (9%), hyperglycemia (9%), hyperuricemia (8%), weight increase (8%), weight decrease (6%), hypomagnesemia (6%)
- **Psychiatric disorders:** insomnia (9%), depression (7%)
- **Skin and subcutaneous disorders:** xerosis (8%), alopecia (7%)
- **Nervous system disorders:** dizziness (8%), peripheral neuropathy (7%)
- **Metabolism and nutrition disorders:** decreased appetite (8%)
- **Respiratory disorders:** dyspnea (7%)
- **General disorders:** chills (7%)
- **Gastrointestinal disorders:** vomiting (7%), abdominal pain (5%)
- **Injury, poisoning and procedural complications:** fall (6%)
- **Musculoskeletal disorders:** muscle spasms (5%)
- **Cardiovascular disorders:** arrhythmia (5%)
- **Eye disorders:** conjunctivitis (5%)

Selected Other Adverse Reactions^{a, b}

- Tumor lysis syndrome ($< 1\%$)
- Myocardial ischemia or infarction ($< 1\%$)
- Cardiac failure ($< 1\%$)

^a Includes grouped terms

^b From 184 patients randomized to POTELIGEO

Table 2 summarizes common treatment-emergent laboratory abnormalities having a $\geq 2\%$ higher incidence with POTELIGEO than with vorinostat.

Table 2: Common New or Worsening Laboratory Abnormalities ($\geq 10\%$) with $\geq 2\%$ Higher Incidence in the POTELIGEO Arm

Laboratory Test ^a	POTELIGEO (N=184)		Vorinostat (N=186)	
	All Grades (%)	\geq Grade 3 (%)	All Grades (%)	\geq Grade 3 (%)
Chemistry				
Albumin Decreased	34	2	27	3
Calcium Decreased	30	3	20	2
Uric Acid Increased	29	29	11	11
Phosphate Decreased	27	5	26	5
Magnesium Decreased	17	< 1	8	< 1
Glucose Decreased	14	0	8	< 1
Calcium Increased	12	< 1	8	< 1
Hematology				
CD4 Lymphocytes Decreased ^b	63	43	17	8
Lymphocytes Decreased	31	16	12	4
White Blood Cells Decreased	33	2	18	2

^a Includes laboratory abnormalities, reported up to 90 days after treatment, that are new or worsening in grade or with worsening from baseline unknown.

^b Out of 99 evaluable recipients of POTELIGEO and 36 evaluable recipients of vorinostat.

Other common treatment-emergent laboratory abnormalities in the POTELIGEO arm included hyperglycemia (52%; 4% Grade 3-4), anemia (35%; 2% Grade 3-4), thrombocytopenia (29%, none Grade 3-4), aspartate transaminase (AST) increased (25%; 2% Grade 3-4), alanine transaminase (ALT) increased (18%; 1% Grade 3-4), alkaline phosphatase increased (17%; 0% Grade 3-4), and neutropenia (10%; 2% Grade 3-4). Grade 4 treatment-emergent laboratory abnormalities observed in $\geq 1\%$ of the POTELIGEO arm included lymphopenia (5%), leukopenia (1%), and hypophosphatemia (1%).

6.2 Immunogenicity

As with all therapeutic proteins, there is a potential for immunogenicity. The detection of antibody formation is highly dependent on the sensitivity and specificity of the assay. Additionally, the observed incidence of antibody (including neutralizing antibody) positivity in an assay may be influenced by several factors, including assay methodology, sample handling, timing of sample collection, concomitant medications, and underlying disease. For these reasons, comparison of incidence of antibodies to POTELIGEO with the incidences of antibodies in other studies or to other products may be misleading.

Among 258 patients treated with POTELIGEO in Trial 1, 10 (3.9%) tested positive for treatment-emergent (treatment-induced or treatment-boosted) anti-mogamulizumab-kpkc antibodies by an electrochemiluminescent assay. There were no positive neutralizing antibody responses.

6.3 Postmarketing Safety Information

The following adverse reactions have been identified during post-approval use of POTELIGEO. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

- Infections: Hepatitis B virus reactivation
- Cardiac disorders: Stress cardiomyopathy

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

There are no available data on POTELIGEO use in pregnant women to inform a drug-associated risk of major birth defects and miscarriage. In an animal reproduction study, administration of mogamulizumab-kpkc to pregnant cynomolgus monkeys from the start of organogenesis through delivery did not show a potential for adverse developmental outcomes at maternal systemic exposures 27 times the exposure in patients at the recommended dose, based on AUC (*see Data*).

In general, IgG molecules are known to cross the placental barrier and in the monkey reproduction study mogamulizumab-kpkc was detected in fetal plasma. Therefore, POTELIGEO has the potential to be transmitted from the mother to the developing fetus. POTELIGEO is not recommended during pregnancy or in women of childbearing potential not using contraception.

The estimated background risk of major birth defects and miscarriage for the indicated population is unknown. All pregnancies have a background risk of birth defect, loss, or other adverse outcomes. In the U.S. general population, the estimated background risks of major birth defects and miscarriage in clinically recognized pregnancies are 2-4% and 15-20%, respectively.

Data

Animal Data

The effects of mogamulizumab-kpkc on embryo-fetal development were evaluated in 12 pregnant cynomolgus monkeys that received mogamulizumab-kpkc once weekly by intravenous administration from the start of organogenesis through delivery at an exposure level 27 times higher than the clinical dose. Mogamulizumab-kpkc administration did not show a potential for embryo-fetal lethality, teratogenicity, or fetal growth retardation and did not result in spontaneous abortion or increased fetal death. In surviving fetuses (10 of 12 compared with 11 of 12 in the control group) of cynomolgus monkeys treated with mogamulizumab-kpkc, a decrease in CCR4-expressing lymphocytes due to the pharmacological activity of mogamulizumab-kpkc was noted; there were no apparent mogamulizumab-kpkc -related external, visceral, or skeletal abnormalities.

8.2 Lactation

Risk Summary

There is no information regarding the presence of POTELIGEO in human milk, the effects on the breastfed child, or the effects on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for POTELIGEO and any potential adverse effects on the breastfed child from POTELIGEO or from the underlying maternal condition.

8.3 Females and Males of Reproductive Potential

POTELIGEO is not recommended during pregnancy or in women of childbearing potential not using contraception.

Pregnancy Testing

For females of reproductive potential, verify pregnancy status prior to initiating POTELIGEO.

Contraception

Advise females of reproductive potential to use effective contraception during treatment with POTELIGEO and for at least 3 months following the last dose of POTELIGEO.

8.4 Pediatric use

The safety and effectiveness of POTELIGEO in pediatric patients have not been established.

8.5 Geriatric use

Of 319 patients with MF or SS who received POTELIGEO in Trial 1, 162 (51%) were ≥ 65 years. No overall differences in effectiveness were observed between these patients and younger patients. In patients aged ≥ 65 , Grade 3 or higher adverse reactions were reported in 45% and serious adverse reactions in 36%, whereas in patients aged < 65 , Grade 3 or higher adverse reactions were reported in 36% and serious adverse reactions in 29%.

11 DESCRIPTION

Mogamulizumab-kpkc is a recombinant humanized monoclonal antibody that targets CC chemokine receptor 4 (CCR4)-expressing cells. Mogamulizumab-kpkc is an IgG1 kappa immunoglobulin that has a calculated molecular mass of approximately 149 kDa.

Mogamulizumab-kpkc is produced by recombinant DNA technology in Chinese hamster ovary cells.

POTELIGEO (mogamulizumab-kpkc) injection is a sterile, ready-to-use, preservative-free, clear to slightly opalescent colorless solution in a single-dose vial for dilution prior to intravenous infusion. Each vial contains 20 mg of mogamulizumab-kpkc in 5 mL of solution. Each mL of solution contains 4 mg of mogamulizumab-kpkc and is formulated in: citric acid monohydrate (0.44 mg), glycine (22.5 mg), polysorbate 80 (0.2 mg), and Water for Injection, USP. May contain hydrochloric acid/sodium hydroxide to adjust pH to 5.5.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

Mogamulizumab-kpkc is a defucosylated, humanized IgG1 kappa monoclonal antibody that binds to CCR4, a G protein-coupled receptor for CC chemokines that is involved in the trafficking of lymphocytes to various organs. Non-clinical in vitro studies demonstrate mogamulizumab-kpkc binding targets a cell for antibody-dependent cellular cytotoxicity (ADCC) resulting in depletion of the target cells. CCR4 is expressed on the surface of some T-cell malignancies and is expressed on regulatory T-cells (Treg) and a subset of Th2 T-cells.

12.2 Pharmacodynamics

Mogamulizumab-kpkc exposure-response relationships and the time course of pharmacodynamics response are unknown.

12.3 Pharmacokinetics

Mogamulizumab-kpkc pharmacokinetics (PK) was evaluated in patients with T-cell malignancies. Parameters are presented as the geometric mean [% coefficient of variation (%CV)] unless otherwise specified. Mogamulizumab-kpkc concentrations increased proportionally with dose over the dose range of 0.01 to 1.0 mg/kg (0.01 to 1 times the approved recommended dosage).

Following repeated dosing of the approved recommended dosage, steady state concentrations were reached after 8 doses (12 weeks), and the systemic accumulation was 1.6-fold. At steady state, the peak concentration ($C_{\max,ss}$) is 32 (68%) $\mu\text{g/mL}$, the trough concentration ($C_{\min,ss}$) is 11 (239%) $\mu\text{g/mL}$, and AUC_{ss} is 5577 (125%) $\mu\text{g}\cdot\text{hr/mL}$.

Distribution

The central volume of distribution is 3.6 L (20%).

Elimination

The terminal half-life is 17 days (66%), and the clearance is 12 mL/h (84%).

Specific Populations:

No clinically significant changes in the PK of mogamulizumab-kpkc were observed based on age (range: 22 to 101 years), sex, ethnicity, renal impairment (creatinine clearance <90 mL/min, estimated by Cockcroft-Gault), mild (total bilirubin \leq ULN and AST $<$ ULN, or total bilirubin <1 to 1.5 times ULN and any AST) or moderate (total bilirubin >1.5 to 3 times ULN and any AST) hepatic impairment, disease subtype (MF or SS), degree of CCR4 expression, or ECOG status. The effect of severe hepatic impairment (total bilirubin >3 times ULN and any AST) on mogamulizumab-kpkc PK is unknown.

Drug Interaction Studies

No drug interaction studies have been conducted with POTELIGEO.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, and Impairment of Fertility

No carcinogenicity or genotoxicity studies have been conducted with POTELIGEO.

No specific studies have been conducted to evaluate potential effects of POTELIGEO on fertility. No mogamulizumab-kpkc -related toxic effects in the male and female reproductive organs were observed in sexually mature monkeys in repeat-dose toxicology studies up to 26 weeks in duration.

14 CLINICAL STUDIES

Trial 1

A randomized, open-label, multicenter trial (Study 0761-010; NCT01728805) evaluated the efficacy of POTELIGEO in adult patients with MF or SS after at least one prior systemic

therapy. The trial randomized 372 patients 1:1 to either POTELIGEO (186 patients; 56% with MF, 44% with SS) or vorinostat (186 patients; 53% with MF, 47% with SS). The trial included patients regardless of tumor CCR4 expression status and excluded patients with histologic transformation, prior allogeneic HSCT, autologous HSCT within 90 days, active autoimmune disease, or active infection. The trial required patients to have ANC $\geq 1500/\mu\text{L}$ ($\geq 1000/\mu\text{L}$ if bone marrow was involved), platelet count $\geq 100,000/\mu\text{L}$ ($\geq 75,000/\mu\text{L}$ if bone marrow was involved), creatinine clearance >50 mL/min or serum creatinine ≤ 1.5 mg/dL and hepatic transaminases ≤ 2.5 times ULN (≤ 5 times ULN if lymphomatous liver infiltration).

The dose of POTELIGEO was 1 mg/kg administered intravenously over at least 60 minutes on days 1, 8, 15, and 22 of the first 28-day cycle and on days 1 and 15 of each subsequent cycle. Vorinostat was dosed at 400 mg orally once daily, continuously for 28-day cycles. Treatment continued until disease progression or unacceptable toxicity. Vorinostat-treated patients with disease progression or unacceptable toxicities were permitted to cross over to POTELIGEO.

The median age was 64 years (range: 25 to 101), 58% of patients were male, and 70% were white. At study baseline, 38% had stage IB-II disease, 10% stage III, and 52% stage IV. The median number of prior systemic therapies was 3. In the POTELIGEO arm, baseline CCR4 expression status by immunohistochemistry was available in 140 patients (75%), of whom all had CCR4 detected on $\geq 1\%$ of lymphocytes on skin biopsy, and 134/140 (96%) had CCR4 detected on $\geq 10\%$ of the lymphocytes. CCR4 expression status was similar in the vorinostat arm.

During randomized treatment, the median duration of exposure to POTELIGEO was 5.6 months (range: <1 to 45.3 months), with 48% of patients with at least 6 months of exposure and 23% with at least 12 months of exposure. The median duration of exposure to vorinostat was 2.8 months (range: <1 to 34.8 months), with 22% of patients with at least 6 months of exposure.

Efficacy was based on investigator-assessed progression-free survival (PFS), which was defined as the time from the date of randomization until documented progression of disease or death. Other efficacy measures included overall response rate (ORR) based on global composite response criteria that combine measures from each disease compartment (skin, blood, lymph nodes and viscera). Responses required confirmation at two successive disease assessments, which included the modified Severity Weighted Assessment Tool, skin photographs, central flow cytometry, and computed tomography.

The trial demonstrated that POTELIGEO significantly prolonged PFS compared to vorinostat (Table 3). The Kaplan-Meier curve for PFS by Investigator is shown in Figure 1. The estimated median follow-up for investigator-assessed PFS was 13 months in the POTELIGEO arm and 10.4 months in the vorinostat arm. By independent review committee assessment, the estimated median PFS was 6.7 months (95% CI, 5.6 to 9.4) in the POTELIGEO arm and 3.8 months (95% CI, 3.0 to 4.7) in the vorinostat arm (hazard ratio 0.64; 95% CI: 0.49, 0.84).

Figure 1 Kaplan-Meier Curve for Progression-Free Survival per Investigator

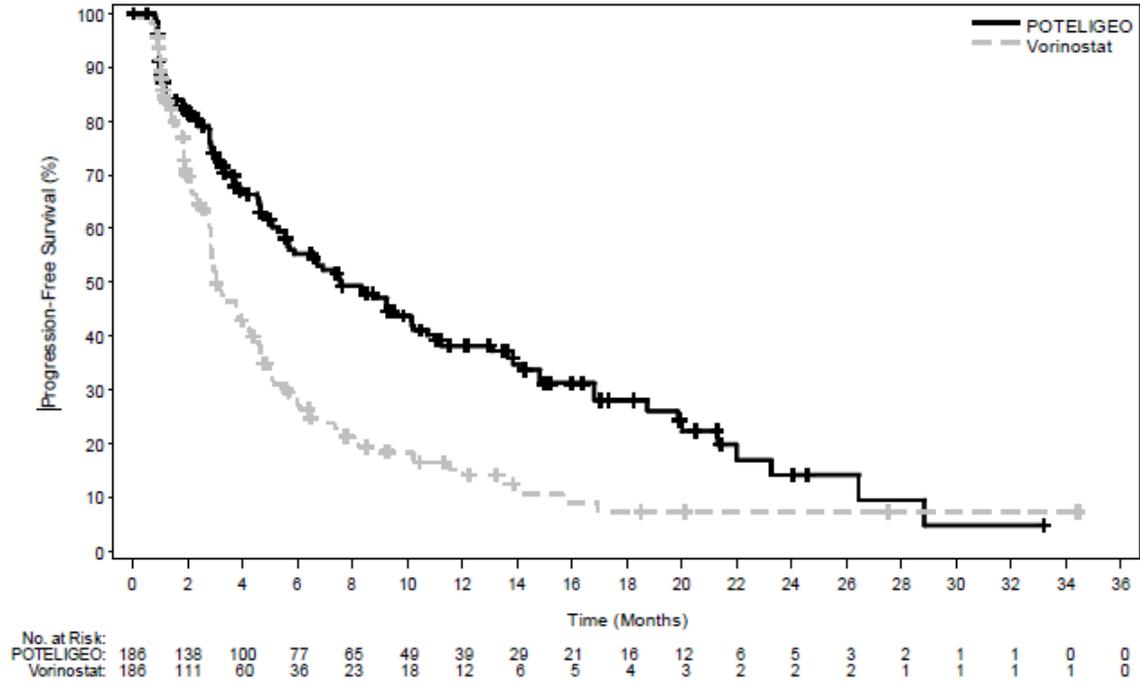


Table 3 also summarizes investigator-assessed confirmed response rates, overall and by disease compartment. The trial demonstrated improvement in ORR with POTELIGEO.

Table 3 Efficacy of Randomized Treatment (Trial 1)

Outcome per Investigator	POTELIGEO N=186	Vorinostat N=186
PFS		
Number of events, n	110	131
Progressive disease	104	128
Death	6	3
Median PFS (95% CI) (months) ^a	7.6 (5.6, 10.2)	3.1 (2.8, 4.0)
Hazard ratio (95% CI)	0.53 (0.41, 0.69)	
Log rank p-value	<.001	
Overall response rate (confirmed CR + PR), n (%)^{b, c}	52 (28)	9 (5)
95% CI	(22, 35)	(2, 9)
P-value ^d	<.001	
Duration of overall response (months)		
Median (95% CI) ^a	13.9 (9.3, 18.9)	9.0 (4.6, NE)
Confirmed best overall response^b		
CR, n (%)	4 (2)	0 (0)
95% CI	(1, 5)	(0, 2)
PR, n (%)	47 (25)	9 (5)
95% CI	(20, 33)	(2, 9)

Response by compartment (confirmed CR + PR) ^c		
Blood	n=124	n=125
Response rate, n (%)	83 (67)	23 (18)
95% CI	(58, 75)	(12, 26)
Skin	n=186	n=186
Response rate, n (%)	78 (42)	29 (16)
95% CI	(35, 49)	(11, 22)
Lymph nodes	n=136	n=133
Response rate, n (%)	21 (15)	5 (4)
95% CI	(10, 23)	(1, 9)
Viscera	n=6	n=4
Response rate, n (%)	0 (0)	0 (0)
95% CI	(0, 46)	(0, 60)

^a Kaplan-Meier estimate.

^b Based on Global Composite Response score.

^c Responses in blood and skin must have persisted for at least 4 weeks to be considered confirmed and were evaluated every 4 weeks for the first year. Responses in lymph nodes, visceral disease and overall were evaluated every 8 weeks for the first year.

^d From Cochran-Mantel-Haenszel test adjusted for disease type, stage, and region.

CI=confidence interval; CR=complete response; NE=not estimable; PR=partial response

16 HOW SUPPLIED/STORAGE AND HANDLING

POTELIGEO (mogamulizumab-kpkc) injection is a sterile, preservative-free, clear to slightly opalescent colorless solution supplied in a carton containing one 20 mg/5 mL (4 mg/mL), single-dose glass vial (NDC 42747-761-01).

Store vials under refrigeration at 2°C to 8°C (36°F to 46°F) in original package to protect from light until time of use. Do not freeze. Do not shake.

17 PATIENT COUNSELING INFORMATION

Advise the patient to read the FDA-approved patient labeling (Patient Information).

Inform patients of the risk of the following adverse reactions that may require additional treatment and/or withholding or discontinuation of POTELIGEO including:

- **Dermatological Toxicity:** Advise patients to contact their healthcare provider immediately for new or worsening skin rash [*see Warnings and Precautions (5.1)*]. Advise patients that the rash can happen at any time while receiving POTELIGEO.
- **Infusion Reactions:** Advise patients to contact their healthcare provider immediately for signs or symptoms of infusion reactions [*see Warnings and Precautions (5.2)*].
- **Infections:** Advise patients to contact their health care provider for fever or other evidence of infection [*see Warnings and Precautions (5.3)*].

- Autoimmune Complications: Advise patients to notify their healthcare provider of any history of autoimmune disease [*see Warnings and Precautions (5.4)*].
- Complications of Allogeneic HSCT after POTELIGEO: Advise patients of potential risk of post-transplant complications [*see Warnings and Precautions (5.5)*].
- Females of Reproductive Potential: Advise use of effective contraception during treatment with POTELIGEO and for at least 3 months following the last dose of POTELIGEO [*see Use in Specific Populations (8.3)*].

POTELIGEO[®] (mogamulizumab-kpkc)

Manufactured by:

Kyowa Kirin, Inc.

Bedminster, NJ 07921

US License No. 2077