Targretin (bexarotene)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Targretin (bexarotene) 75mg capsules	May be subject to quantity limit
Targretin (bexarotene) 1% gel	

APPROVAL CRITERIA

Requests for oral Targretin (bexarotene) may be approved if the following criteria are met:

I. Individual is under 19 years of age;

OR

II. Individual has a diagnosis of one of the following:
   A. Mycosis Fungoides/Sézary syndrome (NCCN 2A);

   OR

   B. Primary cutaneous CD30+ T-cell lymphoproliferative disorder (for example, primary cutaneous anaplastic large-cell lymphoma/ALCL, lymphomatoid papulosis/LyP) (NCCN 2A); **AND**
      1. Individual is using for primary treatment; **OR**
      2. Individual is using in relapsed/refractory disease;

   OR

   C. Other cutaneous T-Cell lymphomas where disease is refractory to one other prior non-topical therapy;

   OR

   D. Subcutaneous panniculitis-like T-cell lymphoma and individual is using in one of the following regimens (NCCN 2A):
      1. As a single agent or in combination with prednisone in individuals without hemophagocytic lymphohistiocytosis and with low tumor burden; **OR**
      2. As maintenance therapy as a single agent following complete or partial response to first line therapy.

Requests for Targretin (bexarotene) 1% gel may be approved if the following criteria are met:

I. Individual is under 19 years of age;

OR

II. Individual has a diagnosis of one of the following:
   A. Cutaneous T-cell leukemia/lymphoma; **AND**
      1. Individual is using in the topical treatment of cutaneous lesions; **AND**
      2. Individual has refractory or persistent disease after other therapies;
         OR
      3. Individual has intolerance to other therapies;

   OR
   B. Primary cutaneous B-cell lymphoma; **AND**
      1. Individual has primary cutaneous marginal zone or follicle center lymphoma (NCCN 2A);

   OR
   C. Mycosis Fungoides/Sézary syndrome (NCCN 2A);

   OR
   D. Adult-T Cell Leukemia/Lymphoma; **AND**
      1. Individual is using for chronic/smoldering subtype as first-line skin-directed therapy (NCCN 2A).

Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Updated periodically.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2025; Updated periodically.
4. NCCN Clinical Practice Guidelines in Oncology™. © 2025 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: http://www.nccn.org/index.asp. Accessed on October 9, 2025.
   a. Primary Cutaneous Lymphomas. V3.2025. Revised June 25, 2025.
   b. T-Cell Lymphomas. V2.2025. Revised May 28, 2025.