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 has a diagnosis of one of the following:
   A. Relapsed/refractory or progressive 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 were disease is refractory to one other prior non-topical therapy.

Requests for **brand** oral Targretin must also meet the following criteria, in addition to the above Prior Authorization criteria:

I. Individual has been receiving and is stabilized on brand oral Targretin;

OR

II. Individual has failed an adequate trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of one chemically equivalent generic bexarotene agent; **AND**
   A. Generic bexarotene had inadequate response; **OR**
   B. Generic bexarotene caused adverse outcome; **OR**
   C. The individual has a genuine allergic reaction to an inactive ingredient in generic agent. Allergic reaction(s) must be clearly documented in the individual's medical record.

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

I. 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 (NCCN 2A); **AND**
      1. Individual has primary cutaneous marginal zone or follicle center lymphoma (NCCN 2A);

   OR
   C. Mycosis Fungoides/Sézary syndrome; **AND**
      1. Individual is using for stage IA mycosis fungoides (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).

Note:
Targretin (bexarotene) has a black box warning for use in pregnancy and must not be administered to a pregnant woman.

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. Accessed: November 20, 2021
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2021; Updated periodically.
4. NCCN Clinical Practice Guidelines in Oncology™. © 2019 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: http://www.nccn.org/index.asp. Accessed on September 20, 2021.
   a. Primary Cutaneous Lymphomas. V1.2021. Revised October 12, 2020.
   b. T-Cell Lymphomas.V2.2021. Revised March 4, 2021.