

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

\*FHK- Florida Healthy Kids

## 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	N/A

### 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 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;

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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**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.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

**Key References:**

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: October 2018.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

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5. The NCCN Drugs & Biologics Compendium (NCCN Compendium™) © 2018 National Comprehensive Cancer Network, Inc. Available at: NCCN.org. Updated periodically.

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