



## Commercial/Healthcare Exchange PA Criteria

*Effective: March 6, 2020*

**Prior Authorization:** Targretin gel

**Products Affected:** Targretin (bexarotene) 1% gel

**Medication Description:** Targretin (bexarotene) 1% gel is a member of a subclass of retinoids that selectively activate retinoid X receptors. Once activated, these receptors function as transcription factors that regulate the expression of genes which control cellular differentiation and proliferation.

**Covered Uses:** Targretin (bexarotene) gel 1% is indicated for the topical treatment of cutaneous lesions in patients with CTCL (Stage IA and IB) who have refractory or persistent disease after other therapies or who have not tolerated other therapies.

**Exclusion Criteria:**

1. Pregnant patients
2. Patients with known hypersensitivity to bexarotene or other components of the product.

**Required Medical Information:**

1. Diagnosis
2. Previous therapies tried and failed

**Age Restrictions:** 18 years of age or older

**Prescriber Restrictions:** Prescribed by, or in consultation with an oncologist.

**Coverage Duration:** 12 months

**Other Criteria:**

- A. Patient has a diagnosis of cutaneous T-Cell lymphoma (CTCL); **AND**
- B. Patient has intolerance to, or treatment failure to at least one prior therapy (including skin-directed therapies [e.g., corticosteroids phototherapy] or systemic therapies)

**References:**

1. Targretin Gel 1% [package insert]. Bridgewater, NJ. Valeant Pharmaceuticals, LLC, October 2016.





**Policy Revision history**

<b>Rev #</b>	<b>Type of Change</b>	<b>Summary of Change</b>	<b>Sections Affected</b>	<b>Date</b>
1	New Policy	New Policy	All	3/6/2020

