



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

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

