



## Commercial/Healthcare Exchange PA Criteria

*Effective: March 6, 2020*

**Prior Authorization:** Targretin

**Products Affected:** Targretin (bexarotene) oral capsules, bexarotene oral capsules

**Medication Description:** Targretin selectively binds to and activates retinoid X receptors (RXRs). Once activated, RXRs function as transcription factors to regulate the expression of genes which control cellular differentiation and proliferation.

**Covered Uses:** Targretin (bexarotene) capsules are indicated for the treatment of cutaneous manifestations of cutaneous T-cell lymphoma in patients who are refractory to at least one prior systemic therapy

**Exclusion Criteria:**

1. Pregnant patients
2. Patients with known hypersensitivity to bexarotene

**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:** 3 years

**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 systemic therapy

**References:**

1. Targretin Capsules [package insert]. Bridgewater, NJ. Valeant Pharmaceuticals, LLC, July 2015.



## 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

