



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

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

