

Clinical Pharmacy Program Guidelines for Targretin

Program	Prior Authorization
Medication	Targretin (bexarotene)
Issue Date	9/2013
Pharmacy and Therapeutics Approval Date	11/2017
Effective Date	1/2018

1. Background:

<p>Drug Name: Targretin (bexarotene) capsules</p> <p><u>Indications</u></p> <p>Cutaneous T-Cell Lymphoma Indicated for the treatment of cutaneous manifestations of cutaneous T-cell lymphoma in patients who are refractory to at least one prior systemic therapy.</p>
<p>Drug Name: Targretin (bexarotene) gel 1%</p> <p><u>Indications</u></p> <p>Cutaneous T-Cell Lymphoma Indicated for the topical treatment of cutaneous lesions in patients with cutaneous T-cell lymphoma (Stage 1A and 1B) who have refractory or persistent disease after other therapies or who have not tolerated other therapies.</p>

Cutaneous T-cell lymphomas (CTCLs) are a group of non-Hodgkin’s lymphomas (NHLs) primarily developing in the skin and ultimately involve lymph nodes, blood, and visceral organs. CTCLs include Mycosis fungoides (MF) and Sezary syndrome (SS), the most common types of CTCLs. MF accounts for 50-70% of cases of CTCL and SS accounts for only 1-3% of cases. MF is an extranodal NHL of mature T-cells with primary cutaneous involvement. SS is an erythrodermic, leukemic variant of CTCL and is characterized by significant blood involvement and lymphadenopathy.

2. Coverage Criteria:

<p>A. <u>Initial Authorization</u></p> <p>1. Diagnosis of cutaneous T-cell lymphoma (CTCL)</p> <p style="text-align: center;">-AND-</p> <p>2. History of failure, contraindication, or intolerance to at least one prior therapy (including skin-directed therapies [eg, corticosteroids (ie, clobetasol, diflorasone, halobetasol, augmented betamethasone dipropionate), phototherapy] or systemic therapies [eg,interferons])</p> <p>Authorization will be issued for 12 months.</p> <p>B. <u>Reauthorization</u></p> <p>1. Patient has not had disease progression while on therapy</p> <p>Authorization will be issued for 12 months.</p>

3. References:

1. Targretin Capsules Prescribing Information. Valeant, Inc., July 2015.
2. Targretin gel 1% Prescribing Information. Valeant, Inc., October 2016.
3. National Comprehensive Cancer Network (NCCN). Non-Hodgkins Lymphoma v.2.2015. Available at: http://www.nccn.org/professionals/physician_gls/PDF/nhl.pdf. Accessed on September 10, 2015.

Program	Prior Authorization –Targretin (bexarotene)
Change Control	
Date	Change
9/2013	New guideline
12/2015	Annual review; no changes
8/2016	Updated clinical criteria to align with OptumRx except prescriber requirement
11/2017	Updated references and policy template

