

| Market Applicability | | | | | | | | | | | | | | |
|----------------------|----|----------|--------|--------|----|----|----|----|----|----|----|----|----|----|
| Market | DC | FL & FHK | FL MMA | FL LTC | GA | KS | KY | MD | NJ | NV | NY | TN | TX | WA |
| Applicable | X | X | NA | NA | X | NA | X | X | X | X | X | NA | NA | X |

*FHK- Florida Healthy Kids

Targretin (bexarotene)

| Override(s) | Approval Duration |
|---------------------|-------------------|
| Prior Authorization | 1 year |

| Medications |
|--------------------------------------|
| Targretin (bexarotene) 75mg capsules |
| Targretin (bexarotene) 1% gel |

APPROVAL CRITERIA

Requests for oral Targretin (bexarotene) may be approved if the following criteria are met:

- I. Individual has a diagnosis of one of the following:
 - A. Relapsed/refractory or progressive Mycosis Fungoides/Sézary syndrome (NCCN 2A);

OR

 - B. Primary cutaneous CD30+ T-cell lymphoproliferative disorder (for example, primary cutaneous anaplastic large-cell lymphoma/ALCL, lymphomatoid papulosis/LyP); **AND**
 - C. Individual is using for primary treatment in relapsed/refractory disease (NCCN 2A);

OR

 - D. Other cutaneous T-Cell lymphomas were disease is refractory to one other prior non-topical therapy.

Requests for Targretin (bexarotene) 1% gel may be approved if the following criteria are met:

- I. Individual has a diagnosis of one of the following:
 - A. Cutaneous T-cell leukemia/lymphoma; **AND**
 1. Individual is using in the topical treatment of cutaneous lesions; **AND**
 2. Individual has refractory or persistent disease after other therapies; **OR**
 3. Individual has intolerance to other therapies;

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

| Market Applicability | | | | | | | | | | | | | | |
|----------------------|----|----------|--------|--------|----|----|----|----|----|----|----|----|----|----|
| Market | DC | FL & FHK | FL MMA | FL LTC | GA | KS | KY | MD | NJ | NV | NY | TN | TX | WA |
| Applicable | X | X | NA | NA | X | NA | X | X | X | X | X | NA | NA | X |

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OR

B. Primary cutaneous B-cell lymphoma (NCCN 2A); AND

1. Individual has primary cutaneous marginal zone or follicle center lymphoma (NCCN 2A); **OR**
2. Individual has Mycosis Fungoides/Sézary syndrome, and using in treatment for stage IA mycosis fungoides (NCCN 2A);

OR

C. Adult-T Cell Leukemia/Lymphoma; AND

1. Individual is using for chronic/smoldering subtype as first-line skin-directed therapy (NCCN 2A).

Note: Targretin (bexarotene) has a black box warning for use in pregnancy and must not be administered to a pregnant woman.

| State Specific Mandates | | |
|-------------------------|----------------|---|
| State name | Date effective | Mandate details (including specific bill if applicable) |
| N/A | N/A | N/A |

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: 4/2018.

DrugPoints® System [Internet Database]. Greenwood Village, CO: Thomson Reuters (Healthcare) Inc. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

The NCCN Drugs & Biologics Compendium (NCCN Compendium™) © 2018 National Comprehensive Cancer Network, Inc. Available at: NCCN.org. Updated periodically.

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