VENTURA COUNTY
HEALTH CARE PLAN

PRIOR AUTHORIZATION POLICY

POLICY: Oncology – Targretin (Oral) Prior Authorization Policy
- Targretin® (bexarotene capsules – Bausch Health, generic)

REVIEW DATE: 10/13/2021

OVERVIEW

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.[1]

Guidelines

The National Comprehensive Cancer Network guidelines on primary cutaneous lymphomas (version 2.2021 – March 4, 2021) provide treatment recommendations for the different types of cutaneous T-cell lymphomas.[2] Bexarotene capsules are listed as one of the therapies within the systemic category A medications. The systemic category A drugs are generally used before systemic category B drugs.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of bexarotene capsules. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with bexarotene capsules as well as the monitoring required for adverse events and long-term efficacy, approval requires bexarotene capsules to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Documentation: Documentation is required for use of bexarotene capsules as noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, prescription claims records, prescription receipts, and/or other information.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of bexarotene capsules is recommended in those who meet the following criteria:

FDA-Approved Indication

1. **Cutaneous T-Cell Lymphoma**. Approve for 3 years if the patient meets the following criteria (A, B, and C):
   - **A)** Patient has cutaneous manifestations; AND
   - **B)** Patient meets one of the following criteria (i or ii):
     - **i.** Generic bexarotene capsules are requested; OR
     - **ii.** Patient meets both of the following (a and b):
       - **a)** Patient has tried generic bexarotene capsules; AND
       - **b)** Patient cannot take generic bexarotene capsules due to a formulation difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or a serious adverse reaction **[documentation required]**; AND
   - **C)** The medication is prescribed by or in consultation with an oncologist or a dermatologist.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of bexarotene capsules is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Targretin® capsules [prescribing information]. Bridgewater, NJ: Bausch Health; April 2020.
2. The NCCN Primary Cutaneous Lymphomas Clinical Practice Guidelines in Oncology (version 2.2021 – March 4, 2021). © 2021 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on October 6, 2021.