

## PRIOR AUTHORIZATION POLICY

**POLICY:** Oncology – Bexarotene (Oral) Prior Authorization Policy

- Targretin® (bexarotene capsules – Bausch Health, generic)

**REVIEW DATE:** 12/11/2024

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### OVERVIEW

Oral bexarotene is indicated for the treatment of **cutaneous manifestations of cutaneous T-cell lymphoma** in patients who are refractory to at least one prior systemic therapy.<sup>1</sup>

### Guidelines

The National Comprehensive Cancer Network (NCCN) Primary Cutaneous Lymphomas guidelines (version 1.2025 – November 11, 2024) recommend oral bexarotene as an option for the treatment of cutaneous lymphomas (e.g., mycosis fungoides, Sézary syndrome, anaplastic large cell lymphoma [ALCL], lymphomatoid papulosis, subcutaneous panniculitis-like T-cell lymphoma), as initial therapy and for relapsed/refractory cases. NCCN notes there are limited data from case reports demonstrating efficacy of oral bexarotene for the treatment of ALCL with multifocal lesions and for lymphomatoid papulosis with extensive lesions.

### 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.

**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 1 year if the patient meets BOTH of the following (A and B):
  - A) Patient has cutaneous manifestations/lesions; AND
  - B) 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.

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## REFERENCES

1. Targretin® capsules [prescribing information]. Bridgewater, NJ: Bausch Health; April 2020.
2. The NCCN Primary Cutaneous Lymphomas Clinical Practice Guidelines in Oncology (version 1.2025 – November 11, 2024). © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on December 5, 2024.
3. The NCCN Drugs & Biologics Compendium. © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on December 5, 2024. Search terms: bexarotene.