



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

**BEXAROTENE**

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
BEXAROTENE SOFTGEL	TARGRETIN, BEXAROTENE	20832		GPI-10 (2170822000)	
BEXAROTENE 1% TOPICAL GEL	TARGRETIN, BEXAROTENE		GPI-10 (9037622000)		

**GUIDELINES FOR USE**

**TARGRETIN (BEXAROTENE) CAPSULE**

1. Does the patient have a diagnosis of cutaneous T-cell lymphoma (CTCL) **AND** meet the following criterion?
  - The patient is refractory to at least one prior systemic therapy (e.g., gemcitabine, methotrexate, liposomal doxorubicin, bortezomib)

If yes, **approve for 12 months by GPID or GPI-10.**

If no, do not approve.

**DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **BEXAROTENE (Targretin capsule)** requires the following rule(s) be met for approval:

- A. You have cutaneous T-cell lymphoma (a type of blood cancer)
- B. You are refractory (resistant) to at least one prior systemic therapy (therapy that spreads through the blood) such as gemcitabine, methotrexate, liposomal doxorubicin, or bortezomib

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

**TARGRETIN (BEXAROTENE) GEL**

1. Does the patient have a diagnosis of cutaneous T-cell lymphoma (CTCL) (stage IA or IB) and meet **ONE** of the following criteria?
  - The patient has refractory or persistent disease after other therapies
  - The patient has not tolerated other therapies

If yes, **approve for 12 months by GPID or GPI-10.**

If no, do not approve.

**DENIAL TEXT:** See the denial text at the end of the guideline.

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BEXAROTENE

GUIDELINES FOR USE – TARGRETIN (BEXAROTENE) GEL (CONTINUED)

**DENIAL TEXT:** \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **BEXAROTENE (Targretin gel)** requires the following rule(s) to be met for approval:

- A. You have cutaneous T-cell lymphoma (CTCL: a type of blood cancer) (stage IA or IB)
- B. You meet ONE of the following:
  1. You have refractory (resistant) or persistent disease after other therapies
  2. You have not tolerated other therapies

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Targretin.

**REFERENCES**

- Targretin Capsule [Prescribing Information]. Bridgewater, NJ: Bausch Health US, LLC; April 2020.
- Targretin Gel [Prescribing Information]. Bridgewater, NJ: Bausch Health US, LLC; February 2020.

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Yes	Yes	No

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