PREFERRED SPECIALTY MANAGEMENT POLICY

POLICY: Oncology – Bexarotene (Oral) Preferred Specialty Management Policy
- Targretin® (bexarotene capsules – Bausch Health, generic)

REVIEW DATE: 01/25/2023

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.[1]

Guidelines

The National Comprehensive Cancer Network (NCCN) Primary Cutaneous Lymphomas guidelines (version 1.2023 – January 5, 2023) 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) 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 primary ALCL with multifocal lesions and for lymphomatoid papulosis with extensive lesions.

POLICY STATEMENT

This Preferred Specialty Management program has been developed to encourage the use of a Preferred Product. For all medications (Preferred and Non-Preferred), the patient is required to meet the respective standard *Prior Authorization Policy* criteria. The program also directs the patient to try one Preferred Product prior to the approval of a Non-Preferred Product. Requests for the Non-Preferred Product will also be reviewed using the exception criteria (below). If the patient meets the standard *Oncology – Bexarotene (Oral) Products Prior Authorization Policy* criteria but has not tried a Preferred Product, approval for a Preferred Product will be authorized. All approvals are provided for 1 year in duration.

Automation: None.

Targretin (Brand) Preferred Specialty Management Program

Preferred Product: generic bexarotene capsules
Non-Preferred Product: Targretin capsules (brand)

RECOMMENDED EXCEPTION CRITERIA

Non-Preferred Product	Exception Criteria
Targretin capsules	**1.** Approve for 1 year if the patient meets ALL of the following criteria (A, B, and C): **A)** Patient meets the standard *Oncology – Bexarotene (Oral) Prior Authorization Policy* criteria; AND **B)** Patient has tried generic bexarotene capsules; AND **C)** Patient cannot continue to use the Preferred medication 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 serious adverse reaction. **2.** If the patient has met the standard *Oncology – Bexarotene (Oral) Prior Authorization Policy* criteria (1A), but has not met exception criteria (1B) and/or (1C) above for brand Targretin capsules: approve generic bexarotene capsules.

REFERENCES

1. Targretin® capsules [prescribing information]. Bridgewater, NJ: Bausch Health; April 2020.
2. The NCCN Primary Cutaneous Lymphomas Clinical Practice Guidelines in Oncology (version 1.2023 – January 5, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on January 18, 2023.
3. The NCCN Drugs & Biologics Compendium. © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on January 23, 2023. Search terms: bexarotene.