PRIOR AUTHORIZATION POLICY

POLICY: Oncology – Targretin (Topical) Prior Authorization Policy
- Targetin® (bexarotene gel 1% - Valeant)

REVIEW DATE: 09/30/2020

OVERVIEW

Targetin gel is indicated for the topical treatment of cutaneous lesions in patients with cutaneous T-cell lymphoma (Stage 1A and 1B) who have refractory or persistent disease after other therapies or who have not tolerated other therapies.[1] Targretin gel is contraindicated in pregnant patients and it should not be given to a pregnant patient or a patient who intends to become pregnant. If a patient becomes pregnant while using Targetin gel, it must be discontinued immediately.

Disease Overview

Cutaneous T-cell lymphoma is one of the most common forms of T-cell lymphoma.[2,3] The most common type of cutaneous T-cell lymphoma is mycosis fungoides, which accounts for approximately 50% of all cutaneous T-cell lymphomas.[2] Skin symptoms associated with mycosis fungoides include patches, plaques, or tumors and treatment is directed at the skin or the entire body (systemic).[2,3] Sézary syndrome is an advanced, variant form of mycosis fungoides and is characterized by the presence of lymphoma cells in the blood. Patients with Sézary syndrome will have extensive thin, red, itchy rashes usually covering over 80% of the body and treatment will generally include systemic therapies since the use of skin- directed therapies alone is typically inadequate. Skin-directed therapies are useful for patch and limited plaque disease. Systemic therapies are reserved for more advanced disease and initiation of systemic therapy is usually deferred until patients have not responded well to topical therapies.

Guidelines

The National Comprehensive Cancer Network (NCCN) guidelines on Primary Cutaneous Lymphomas (version .2020 – April 10, 2020) provide treatment recommendations for the different types of cutaneous T-cell lymphomas.[2] Targretin gel is listed as an option for skin-directed therapies (as initial therapy and for patients who have tried other skin-directed therapies).

POLICY STATEMENT

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

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Targretin gel is recommended in those who meet the following criteria:

FDA-Approved Indications

1. **Cutaneous T-Cell Lymphoma – Cutaneous Manifestations.** Approve Targretin gel for 3 years if Targretin is prescribed by or in consultation with an oncologist or a dermatologist

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Targretin gel 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® gel [prescribing information]. Bridgewater, NJ: Bausch Health US, LLC; February 2020.
2. Cutaneous T-cell lymphoma fact sheet. Available at: http://www.lymphoma.org/site/pp.asp?c=bkLTKaOQLmK8E&b=6300151. Accessed on September 23, 2020.
3. The NCCN Primary Cutaneous Lymphomas Clinical Practice Guidelines in Oncology (Version 2.2020 – April 10, 2020). © 2020 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed on September 23, 2020.
4. Kinney MC, Jones D. Cutaneous T-cell and natural killer (NK)-cell lymphomas. The World Health Organization (WHO) and European Organization for Research and Treatment of Cancer (EORTC) classification and the increasing recognition of specialized tumor types. *Am J Clin Pathol*. 2007;127:670-686.