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5.21.081

Section:	Prescription Drugs	**Effective Date:**	April 1, 2025
Subsection:	Antineoplastic Agents	**Original Policy Date:**	June 17, 2016
Subject:	Targretin	**Page:**	1 of 6

Last Review Date: March 7, 2025

Targretin

Description

Targretin (bexarotene)

Background
Cutaneous T-cell lymphoma (CTCL) is a cancer of T-lymphocytes (white blood cells) that are involved in the body's immune system. The disease usually appears first in the skin, but may spread to other organs. Targretin is a member of the subclass of retinoids and selectively binds and activates retinoid X receptors (RXRs), causing a biological cascade that eventually regulations the expression of genes that control cellular differentiation and proliferation (1-2).

Regulatory Status
FDA-approved indications:
Targretin gel 1% is indicated for the topical treatment of cutaneous lesions in patients with cutaneous T-cell lymphoma (CTCL) Stage 1A and 1B who have refractory or persistent disease after other therapies or who have not tolerated other therapies (1).

Targretin capsules are indicated for the treatment of cutaneous manifestations of cutaneous T-cell lymphoma (CTCL) in patients who are refractory to at least one prior systemic therapy (2).

Off-Label Uses: (3)
1. Chronic Cutaneous T-cell lymphoma (CTCL)
2. Mycosis Fugoides (MF)
3. Sezary Syndrome (SS)
4. Primary Cutaneous CD30+ T-Cell Lymphoproliferative Disorders

Targretin has a boxed warning for pregnancy due to being a member of the retinoid class of drugs because of the high association of these agents with birth defects. Therefore, this agent requires a negative pregnancy test within one week before starting therapy and monthly throughout therapy should be obtained. Additionally, effective contraception must be used throughout therapy and for at least one month following discontinuation of therapy. Male patients with sexual partners that are pregnant or could become pregnant must use condoms during sexual intercourse during treatment and for one month after discontinuation of treatment (2).

Safety and effectiveness in pediatric patients have not been established (2).

Related policies

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Targretin may be considered **medically necessary** if the conditions indicated below are met.

Targretin may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Targretin capsules

Patient must have **ONE** of the following:

1. Cutaneous T-cell lymphoma (CTCL) including the following:
    a. Mycosis Fungoides (MF)
    b. Sezary Syndrome (SS)

2. Primary Cutaneous CD30+ T-Cell Lymphoproliferative Disorders

Targretin Gel

Patient must have **ONE** of the following:

1. Cutaneous T-cell lymphoma (CTCL) including the following:
    a. Mycosis Fungoides (MF)
    b. Sezary Syndrome (SS)

2. Primary Cutaneous B-Cell Lymphoma

AND the following for **ALL** formulations:

a. Inadequate treatment response or intolerance to at least **ONE** prior therapy (systemic, irradiation, and/or topical).
b. For female patients (if of reproductive potential)
    i. Must not be pregnant
    ii. A negative pregnancy test must be obtained within one week before starting therapy and monthly throughout therapy
    iii. Agreement to use reliable contraception during therapy and for one month after discontinuation of therapy
c. For male patients (if partner is pregnant or of reproductive potential)
    i. Agreement to use condoms during therapy and for at least one month after discontinuation of therapy
d. **Brand Targretin capsules only:** Patient **MUST** have tried the preferred product (generic Targretin: bexarotene) unless the patient has a valid medical exception (e.g. inadequate treatment response, intolerance, contraindication)

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

Targretin capsules

Patient must have **ONE** of the following:

1. Cutaneous T-cell lymphoma (CTCL) including the following:
    a. Mycosis Fungoides (MF)
    b. Sezary Syndrome (SS)

2. Primary Cutaneous CD30+ T-Cell Lymphoproliferative Disorders

Targretin Gel

Patient must have **ONE** of the following:

1. Cutaneous T-cell lymphoma (CTCL) including the following:
   a. Mycosis Fungoides (MF)
   b. Sezary Syndrome (SS)

2. Primary Cutaneous B-Cell Lymphoma

AND the following for **ALL** formulations:

a. Patient has had improvement with treatment based either on CAILS score or decrease in severity of scaling, plaque elevation or surface area.
b. For female patients (if of reproductive potential)
   i. Must not be pregnant
   ii. A negative pregnancy test must be obtained monthly throughout therapy
   iii. Agreement to use reliable contraception during therapy and for one month after discontinuation of therapy
c. For male patients (if partner is pregnant or of reproductive potential)
   i. Agreement to use condoms during therapy and for at least one month after discontinuation of therapy
d. **Brand Targretin capsules only:** Patient **MUST** have tried the preferred product (generic Targretin: bexarotene) unless the patient has a valid medical exception (e.g. inadequate treatment response, intolerance, contraindication)

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary
Targretin is a member of the subclass of retinoids indicated for the treatment of cutaneous manifestations of cutaneous T-cell lymphoma (CTCL) in patients who are refractory to at least one prior systemic therapy. Targretin has a boxed warning for pregnancy due to being a member of the retinoid class of drugs because of the high association of these agents with birth defects. Therefore, this agent is considered category X (1-2).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Targretin while maintaining optimal therapeutic outcomes.

References

1. Targretin gel [package insert]. Bridgewater, NJ: Valeant Pharmaceuticals North America LLC; February 2020.
2. Targretin capsules [package insert]. Bridgewater, NJ: Bausch Health US, LLC; April 2020.
3. NCCN Drugs & Biologics Compendium® Bexarotene 2025. National Comprehensive Cancer Network, Inc. Accessed on January 14, 2025.

Policy History

Date	Action
June 2016	Addition to PA
September 2016	Annual review
June 2017	Annual editorial review and reference update
June 2018	Annual editorial review and reference update
June 2019	Annual review and reference update
June 2020	Annual review and reference update
December 2020	Annual review and reference update. Added requirement that brand Targretin capsule has to t/f the preferred product bexarotene
December 2021	Annual review and reference update
December 2022	Annual review and reference update. Changed policy number to 5.21.081
March 2023	Annual review and reference update
September 2023	Annual review and reference update
March 2024	Annual review and reference update
September 2024	Annual review and reference update
March 2025	Annual review and reference update

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 7, 2025 and is effective on April 1, 2025.