

## Pre - PA Allowance

None

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## 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 intolerant to at least **ONE** prior therapy (systemic, irradiation, and/or topical).
- b. For female patients (if of child bearing 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 Limits

**Duration** 12 months

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## 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



**BlueCross  
BlueShield**

Federal Employee Program.

**TARGRETIN  
(bexarotene)**

- 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* Limits**

Same as above