Reference number(s)
5708-D

This document applies to the following:

Formulary	Applies
Standard Control (SF)	☑
Standard Control – Choice (SCCF)	☑
Preferred Drug Plan Design (PDPD)	☐
Advanced Control Specialty (ACSF)	☑
Advanced Control Specialty – Choice (ACSCF)	☑
Managed Medicaid Template (MMT)	☐
Marketplace (MF)	☐
Aetna Small Group Affordable Care Act (SG ACA) Aetna Health Exchange (AHE)	☐
Aetna Individual Lives (IVL)	☐
Value (VF)	☑

Formulary	Applies
New to Market (NTM)	☐
Standard Formulary Chart (SFC)	☐
Basic Control Chart Preferred Drug Plan Design (BCC PDPD)	☐
Advanced Control Specialty Formulary Chart (ACSFC)	☐
Value Formulary Chart (VFC)	☑
Medical Benefit	☐
Medical Benefit: Advanced Biosimilars First	☐
Medical Benefit: Managed Medicaid (MMMB)	☐
Medicare Part B	☐
Medicare Part B: Advanced Biosimilars First	☐

Exceptions Criteria
Cutaneous T-Cell Lymphoma

This document informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

These criteria were developed to align with the following: Standard Control Formulary (SF), Standard Control Choice Formulary (SCCF), Advanced Control Specialty Formulary (ACSF), Advanced Control Specialty – Choice Formulary (ACSCF), Value Formulary (VF), and Value Formulary Chart (VFC).

Plan Design Summary

This program applies to the cutaneous T-cell lymphoma products specified in this document. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred product and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to all members requesting treatment with a targeted product.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Cutaneous T-cell lymphoma agents

Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

	Product(s)
Preferred	• bexarotene (generic)

	Product(s)
Target	• Targretin (bexarotene)

Exception Criteria

Coverage for the targeted products is provided when the member has a documented intolerable adverse event to the preferred product, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information.

References

1. Targretin capsules [package insert]. St. Petersburg, FL: Catalent Pharma Solutions LLC; April 2020.
2. Bexarotene capsule [package insert]. Bridgewater, NJ: Amneal Pharmaceuticals LLC; December 2022.
3. Targretin gel [package insert]. San Antonio, TX: DPT Laboratories, Ltd.; February 2020.
4. Bexarotene gel [package insert]. Bridgewater, NJ: Amneal Pharmaceuticals LLC; December 2023.