Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

TARGRETIN® (bexarotene)

catamaran™

GPI CODING:

21708220000120	Targretin Caps
90376220004020	Targretin Gel

DESCRIPTION:

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. Targretin capsules may be used as primary therapy for advanced-stage CTCL, for early-stage CTCL with negative prognostic features (eg, blood involvement), and for early-stage CTCL that is progressive or refractory to skin-directed therapy.
Targretin gel is indicated for the topical treatment of cutaneous lesions in patients with CTCL (Stage IA and IB) who have refractory or persistent disease after other therapies or who have not tolerated other therapies.
Targretin gel may be used as primary therapy for early-stage CTCL, and for stage IIB MF and stage III MF, generally in combination with systemic therapy.
Targretin gel may also be used for the treatment of chronic or smoldering adult T-cell leukemia/lymphoma and primary cutaneous B cell lymphoma.

APPROVAL DURATION:

Approval duration: 1 year

CRITERIA FOR TARGRETIN

Targretin Capsules

I. Pregnancy has been excluded in female patients of childbearing potential **AND**
II. Patient has been instructed on the importance of and proper utilization of contraception **AND**
III. Patient has a diagnosis of CTCL (include mycosis fungoides [MF] and Sezary syndrome) **AND**
IV. Patient has received prior systemic therapy, including but not limited to at least one of the following:
    a. Retinoids (eg, bexarotene, all-trans retinoic acid)
    b. Interferons
    c. Histone deacetylase inhibitors
    d. Extracorporeal photophoresis
    e. Denileukin diftitox
    f. Methotrexate
    g. Doxorubicin, other chemotherapy agents

OR

V. Patient has advanced-stage MF (stage IIB, III, or IV) or Sezary syndrome **OR**
VI. Patient has early-stage MF (stage IA, IB, or IIA)
    a. There is blood involvement or folliculotropic/large cell transformation **OR**
    b. MF is refractory or progressive to skin directed therapy

Targretin Gel

I. Pregnancy has been excluded in female patients of childbearing potential **AND**
II. Patient has been instructed on the importance of and proper utilization of contraception **AND**

III. Patient has a diagnosis of chronic or smoldering adult T-cell leukemia/lymphoma **OR**
IV. Patient has a diagnosis of primary cutaneous B-cell lymphoma **OR**
V. Patient has a diagnosis of CTCL (MF only) **AND**
   A. Patient has early-stage MF (stage IA, IB, or IIA) **OR**
   B. Patient has stage IIB MF **OR**
      i. Patch/plaque disease or limited extent tumor disease without blood involvement/transformation
         1. Primary treatment or for relapsed/persistent disease **OR**
         2. Refractory or progressive disease, in combination with systemic or combination therapy

      OR

      ii. Limited extent tumor disease with blood involvement/transformation OR generalized extent tumor disease
         1. Primary treatment or for relapsed/persistent disease in combination with systemic or combination therapy
   C. Patient has stage III MF with primary treatment or for relapsed/persistent disease, in combination with systemic therapy blood involvement

Off label uses for oncology drugs if considered medically acceptable in one or more of the following compendia (i.e., Micromedex DrugDex, AHFS, Clinical Pharmacology, and NCCN.) A use is identified by a compendium as medically accepted if the:

I. Indication is a Category 1 or 2A in NCCN,
II. Indication is a Class I, Class IIa or Class IIb in DrugDex,
III. Narrative text in AHFS or Clinical Pharmacology is supportive; or
IV. The use is supported by clinical research in 2 or more peer-reviewed medical journals