

bexarotene (TARGRETIN/TARGRETIN GEL)

Diagnosis Considered for Coverage:

Topical gel

- Mycosis fungoides (cutaneous T-cell lymphoma)
- Adult T-Cell leukemia/lymphoma
- Primary cutaneous marginal zone or follicle center lymphoma
- Lymphomatoid papulosis (primary cutaneous CD30+ T-Cell lymphoproliferative disorder)
- Sezary syndrome

Oral formulation

- Mycosis fungoides (cutaneous T-cell lymphoma)
- AIDS-related Kaposi's sarcoma
- Primary cutaneous anaplastic large cell lymphoma (ALCL)
- Lymphomatoid papulosis (primary cutaneous CD30+ T-Cell lymphoproliferative disorder)
- Plaque psoriasis
- Sezary syndrome

Coverage Criteria:

1. For Sezary syndrome:

- For oral capsule: Dose does not exceed 300 mg/BSA per day.
- For topical gel: Dose does not exceed FDA approved maximum.

2. For systemic mycosis fungoides:

- For oral capsule: Dose does not exceed 300 mg/BSA per day.
- For topical gel: Dose does not exceed 2-4 applications per day to affected areas.

3. For primary cutaneous marginal zone or follicle center lymphoma:

- For topical gel: Dose does not exceed 2 applications per day to affected areas.

4. For adult T-cell leukemia/lymphoma:

- For topical gel: Dose does not exceed 2-4 applications per day to affected areas.

5. For primary cutaneous anaplastic large cell lymphoma (ALCL) (capsule only):

- For oral capsule:

- Dose does not exceed 300 mg/BSA per day, **and**
- Being used as single-agent therapy.

6. For lymphomatoid papulosis (LyP):

- Being used as single-agent therapy, **and**
- For oral capsule: Dose does not exceed 300 mg/BSA per day, **or**
- For topical gel: Dose does not exceed 2-4 applications per day to affected areas.

Coverage Duration: one year

Effective Date: 11/29/2023