

Commercial/Healthcare Exchange PA Criteria

Effective: January 1, 2020

Prior Authorization: Valchlor

Products Affected: Valchlor (mechlorethamine) topical gel

Medication Description: Valchlor is an alkylating drug indicated for the topical treatment of Stage IA and IB mycosis fungoides-type cutaneous T-cell lymphoma in patients who have received prior skin-directed therapy.

Covered Uses: Treatment of Stage IA and IB mycosis fungoides-type cutaneous T-cell lymphoma in patients who have received prior skin-directed therapy.

Exclusion Criteria: N/A

Required Medical Information:

1. Diagnosis
2. Previous therapies tried/failed

Age Restrictions: 18 years of age and older

Prescriber Restrictions: Prescribed by, or in consultation with, an oncologist.

Coverage Duration: 12 months

Other Criteria:

1. Patient has a diagnosis of Stage 1A and 1B mycosis fungoides-type cutaneous T-cell lymphoma; AND
2. Patient has intolerance to, or treatment failure of at least one prior skin-directed therapy (topical corticosteroids, phototherapy, topical nitrogen mustard)

References:

1. Product Information: VALCHLOR(TM) topical gel, mechlorethamine topical gel. Ceptaris Therapeutics, Inc. (per FDA), Malvern, PA, 2013.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	10/15/2019

