

## SPECIALTY GUIDELINE MANAGEMENT

### VALCHLOR (mechlorethamine gel)

#### POLICY

#### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

##### A. FDA-Approved Indications

Valchlor is 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.

##### B. Compendial Uses

1. Chronic or smoldering adult T-cell leukemia/lymphoma
2. Mycosis fungoides
3. Primary cutaneous B-cell lymphoma:
  - i. Primary cutaneous marginal zone lymphoma
  - ii. Primary cutaneous follicle center lymphoma
4. Lymphomatoid papulosis

All other indications are considered experimental/investigational and are not a covered benefit.

#### II. CRITERIA FOR INITIAL APPROVAL

##### A. **Mycosis Fungoides-type Cutaneous T-cell Lymphoma**

Authorization of 12 months may be granted for the treatment of mycosis fungoides-type cutaneous T-cell lymphoma.

##### B. **Adult T-cell leukemia/lymphoma (ATLL)**

Authorization of 12 months may be granted for the treatment of chronic or smoldering adult T-cell leukemia/lymphoma.

##### C. **Primary cutaneous B-cell lymphoma**

Authorization of 12 months may be granted for the treatment of primary cutaneous marginal zone or follicle center lymphoma.

##### D. **Lymphomatoid Papulosis (LyP)**

Authorization of 12 months may be granted for the treatment of lymphomatoid papulosis.

#### III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet ALL initial authorization criteria.

Valchlor SGM P2018

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**IV. REFERENCES**

1. Valchlor [package insert]. South San Francisco, CA: Actelion Pharmaceuticals US, Inc.; December 2016.
2. **The NCCN Drugs & Biologics Compendium™ © 2018 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed January 18, 2018.**