Valchlor (mechlorethamine topical gel)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Valchlor (mechlorethamine topical gel)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Valchlor (mechlorethamine topical gel) may be approved if the following criteria are met:

I. Non-Hodgkin Lymphoma (skin directed therapy) **AS EITHER:**
   A. Mycosis fungoides/Sezary Syndrome (Label, NCCN 2A); **OR**
   B. Primary cutaneous B-Cell lymphoma, for primary cutaneous marginal zone or follicle center lymphoma (NCCN 2A); **OR**
   C. Lymphomatoid papulosis (LyP) disease, as primary treatment or treatment for relapsed/refractory disease (NCCN 2A); **OR**
   D. Adult T-Cell Leukemia/Lymphoma, for chronic/smoldering subtype as first, skin-directed therapy (NCCN 2A); OR
   E. Unifocal Langerhans Cell Histiocytosis (LCH), as topical therapy for isolated skin disease.

Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: October 14, 2023.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2023; Updated periodically.
4. NCCN Clinical Practice Guidelines in Oncology™. © 2023 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: http://www.nccn.org/index.asp. Accessed on October 14, 2023.
   a. T-cell Lymphomas. V1.2023. Revised January 5, 2023.
   b. Primary Cutaneous Lymphomas. V1.2023. Revised January 5, 2023.
   c. Histiocytic Neoplasms V1.2023. Revised August 11, 2023.