Reference number(s)
1862-A

Specialty Guideline Management Valchlor

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Valchlor	mechlorethamine gel

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.

FDA-Approved Indications[1]

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.

Compendial Uses[2]

- Smoldering adult T-cell leukemia/lymphoma (ATLL)
- Mycosis fungoides/Sezary syndrome (MF/SS)
- Primary cutaneous B-cell lymphoma:
  - Primary cutaneous marginal zone lymphoma
  - Primary cutaneous follicle center lymphoma
- Lymphomatoid papulosis (LyP)
- Histiocytic Neoplasms
  - Langerhans Cell Histiocytosis

All other indications are considered experimental/investigational and not medically necessary.

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Coverage Criteria

Mycosis Fungoides/Sezary Syndrome (MF/SS)[1,2]

Authorization of 12 months may be granted for the treatment of mycosis fungoides or Sezary syndrome.

Adult T-Cell Leukemia/Lymphoma (ATLL)[2]

Authorization of 12 months may be granted for the treatment of smoldering adult T-cell leukemia/lymphoma (ATLL).

Primary Cutaneous B-Cell Lymphoma[2]

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

Lymphomatoid Papulosis (LyP)[2]

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

Histiocytic Neoplasms[2]

Authorization of 12 months may be granted for the treatment of Langerhans cell histiocytosis with isolated skin disease.

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the Coverage Criteria section when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

References

1. Valchlor [package insert]. Iselin, NJ: Helsinn Therapeutics, Inc.; January 2020.
2. The NCCN Drugs & Biologics Compendium® © 2024 National Comprehensive Cancer Network, Inc. https://www.nccn.org. Accessed December 17, 2024.