



## **Pre - PA Allowance**

None

---

## **Prior-Approval Requirements**

**Age** 18 years of age or older

### **Diagnosis**

Patient must have the following:

1. Cutaneous T-cell Lymphoma
  - a. Mycosis fungoides type
  - b. Stage IA or IB

**AND ALL** of the following:

- a. Patient has had prior skin directed therapy such as topical corticosteroids, topical retinoids or photo therapy
- b. Physician agrees to monitor for non-melanoma skin cancer during and after treatment
- c. Physician agrees that patients or caregivers will be counseled on the applicable special handling and disposal procedure.

## **Prior - Approval Limits**

**Duration** 12 months

---

## **Prior – Approval *Renewal* Requirements**

**Age** 18 years of age or older

### **Diagnosis**

Patient must have the following:

1. Cutaneous T-cell Lymphoma
  - a. Mycosis fungoides type
  - b. Stage IA or IB

**AND ALL** of the following:



**BlueCross  
BlueShield**

Federal Employee Program.

**VALCHLOR  
(mechlorethamine)**

- a. Patient has not developed non-melanoma skin cancer and MD will continue to monitor for non-melanoma skin cancer.
- b. Patient has had improvement with treatment based either on CAILS score or decrease in severity of scaling, plaque elevation or surface area.

**Prior – Approval *Renewal* Limits**

Same as above