STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

MECHLORETHAMINE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
MECHLORETHAMINE HCL	VALCHLOR	03892		GPI-10 (9037105020)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of stage IA or IB mycosis fungoides-type cutaneous T-cell lymphoma (CTCLs)?

   If yes, continue to #2.
   If no, do not approve.
   DENIAL TEXT: See the denial text at the end of the guideline.

2. Has the patient tried prior skin-directed therapy (such as corticosteroids, carmustine, topical retinoids [Targretin, Tazorac], imiquimod, or local radiation therapy)?

   If yes, **approve for 12 months by HICL or GPI-10.**
   If no, do not approve.
   DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **MECHLORETHAMINE (Valchlor)** requires the following rule(s) be met for approval:
   A. You have stage IA or IB mycosis fungoides-type cutaneous T-cell lymphoma (type of immune system cancer)
   B. You had prior skin-directed therapy such as corticosteroids, carmustine, topical retinoids (Targretin, Tazorac), imiquimod, or local radiation therapy

   Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Valchlor.

REFERENCES

- Valchlor [Prescribing Information]. Iselin, NJ: Helsinn Therapeutics (U.S.), Inc.; January 2020.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 04/10/23
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P&T Approval: 11/13