Pharmacy Policy Bulletin

Title: Mechlorethamine (Valchlor)
Policy #: Rx.01.148

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, gender or quantity restrictions. Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

农业科技:
The intent of this policy is to communicate the medical necessity criteria for mechlorethamine (Valchlor) as provided under the member's pharmacy benefit.

农业科技:
Mechlorethamine (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.

Mechlorethamine is a nitrogen mustard alkylating agent that forms inter- and intrastrand DNA cross-links, resulting in inhibition of DNA synthesis. Topical application allows for skin-directed treatment while minimizing systemic nitrogen mustard exposure.

农业科技:
Mechlorethamine (Valchlor) is approved when there is documentation of a diagnosis of Stage IA and IB mycosis fungoides-type cutaneous T-cell lymphoma in patients who have received prior skin-directed therapy.

农业科技:
None

农业科技:
Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the pharmacy benefits of the Company's products when the
medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

**References:**


**Applicable Drugs:**

Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
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<tbody>
<tr>
<td>Valchlor</td>
<td>mechlorethamine</td>
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**Cross References:**

**Policy Version Number:** 1.00

**P&T Approval Date:** October 09, 2014

**Policy Effective Date:** November 01, 2014

**Next Required Review Date:** October 09, 2015

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