

mechlorethamine topical gel (VALCHLOR)

Diagnosis Considered for Coverage:

- Mycosis Fungoides (Primary Cutaneous T-cell Lymphoma/Sezary Syndrome)
- Primary cutaneous marginal zone or follicle center lymphoma
- Lymphomatoid papulosis (LyP) with extensive lesions
- Langerhans cell histiocytosis with isolated skin disease
- Chronic/smoldering Adult T-Cell Leukemia/Lymphoma

Coverage Criteria:

For diagnoses listed above:

- Quantity does not exceed amount needed to treat affected area.

Coverage Duration: one year

Effective Date: 1/31/2024