Sylatron (peginterferon alfa-2b)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Sylatron (peginterferon alfa-2b)

APPROVAL CRITERIA

Requests for Sylatron (peginterferon alfa-2b) may be approved if the following criteria are met:

I. Individual has a diagnosis of Melanoma with microscopic or gross nodal involvement; **AND**
   A. Treatment is initiated within 84 days after definitive surgical resection including complete lymphadenectomy; **AND**
   B. Sylatron is used as adjuvant treatment.

Requests for Sylatron (peginterferon alfa-2b) may not be approved when the above criteria are not met and for all other indications.

Note:
Sylatron (peginterferon alfa-2b) has a black box warning for risk of depression and other neuropsychiatric disorders. The risk of serious depression, with suicidal ideation and completed suicides, and other serious neuropsychiatric disorders are increased with alpha interferons. Therapy should be permanently discontinued in individuals with persistently severe or worsening signs or symptoms of depression, psychosis, or encephalopathy. These disorders may not resolve after stopping Sylatron.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: http://www.clinicalpharmacology.com. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: June 18, 2020.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.