

## Specialty Pharmacy Program

### Sylatron™ (peginterferon alfa-2b)

#### DESCRIPTION

Sylatron is an alpha interferon indicated for the adjuvant treatment of melanoma with microscopic or gross nodal involvement within 84 days of definitive surgical resection including complete lymphadenectomy. Sylatron may also be used for treating chronic myelogenous leukemia (CML) in patients who are unable to tolerate tyrosine kinase inhibitor therapy and in patients who are post-transplant without remission or with relapse.

#### APPROVAL DURATION

Approval duration: 1 year

#### APPROVAL CRITERIA

- I. Patient does not have any of the following contraindications to Sylatron therapy:
  - A. Autoimmune hepatitis
  - B. Decompensated hepatic disease
  - C. Uncontrolled major depression
  - D. Severe mental illness
- II. Patient will be monitored and evaluated for signs and symptoms of depression and other psychiatric symptoms throughout treatment.
- III. Sylatron may be approved for the treatment of melanoma.
  - A. For initial requests, the following criteria apply:
    - a. Microscopic or gross nodal involvement was present **AND**
    - b. Surgical resection including complete lymphadenectomy was performed **AND**
    - c. Sylatron is requested within 84 days (12 weeks) of surgical resection.
- IV. Sylatron may be approved for the treatment of CML.
  - A. Patient is unable to tolerate tyrosine kinase inhibitor(s) **OR**
  - B. Patient is post stem cell transplant and CML is not in remission or CML is in relapse.