

Priority Health Medicare Prior Authorization Criteria (Part D)

Sylatron™

Products affected

- Sylatron™

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	Patient must not have autoimmune hepatitis, hepatic decompensation, or sever neuropsychiatric disorders.
Required medical information	N/A
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	12 months
Other criteria	Sylatron administration must begin within 84 days after cutaneous lesion is removed with documentation of adequate surgical margins and complete regional lymphadenectomy.