



SYLATRON PA SUMMARY

STATUS: Preferred

LENGTH OF AUTHORIZATION: 1 year (up to five years total therapy duration)

PA CRITERIA:

For Sylatron

- ❖ Approvable for members with a diagnosis of melanoma with microscopic or gross nodal involvement (Stage III melanoma) when prescribed within 84 days of definitive surgical resection, including complete lymphadenectomy

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.