

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

Sylvant (siltuximab)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Sylvant (siltuximab)

APPROVAL CRITERIA

Requests for Sylvant (siltuximab) may be approved if the following criteria are met:

- I. Individual has a diagnosis of Multicentric Castleman's Disease; **AND**
- II. Sylvant (siltuximab) is used as a single agent; **AND**
- III. Individual is human immunodeficiency virus negative; **AND**
- IV. Individual is human herpesvirus-8 negative; **AND**
- V. No concurrent clinically significant infection (for example, Hepatitis B or C); **AND**
- VI. No concurrent lymphoma.

Requests for Sylvant (siltuximab) may not be approved if the above criteria are not met and for all other indications.

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: January 16, 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.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2019 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on January 16, 2020.
 - a. B-Cell Lymphomas. V7.2019. Revised December 18, 2019.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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PAGE 1 of 2 08/25/2020

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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