**SYLVANT** (situximab)

### **Pre - PA Allowance**

None

# **Prior-Approval Requirements**

Age 18 years of age or older

#### **Diagnosis**

Patient must have the following:

Multicentric Castleman's disease (MCD)

#### **AND ALL** of the following:

- 1. Human immunodeficiency virus (HIV) negative
- 2. Human herpesvirus-8 (HHV-8) negative

## **Prior - Approval Limits**

**Duration** 12 months

## Prior – Approval Renewal Requirements

Same as above

### Prior - Approval Renewal Limits

Same as above