Reference number(s)
1861-A

Specialty Guideline Management
Sylvant

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Sylvant	siltuximab

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-approved Indications[1]

Sylvant is indicated for the treatment of patients with multicentric Castleman's disease who are human immunodeficiency virus (HIV) negative and human herpesvirus-8 (HHV-8) negative.

Compendial Uses[2]

- Castleman's disease
- CAR T-cell related toxicities - Cytokine release syndrome (CRS)

All other indications are considered experimental/investigational and not medically necessary.

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Documentation

Submission of the following information is necessary to initiate the prior authorization review: medical record documentation of HIV and HHV-8 status (where applicable)

Coverage Criteria[1,2]

Castleman's disease[1,2]

Authorization of 12 months may be granted for treatment of Castleman's disease (CD) as a single agent when either of the following criteria are met:

- Member has multicentric CD and any of the following:
  - Active idiopathic disease with no organ failure that is human immunodeficiency virus-1 (HIV-1) negative and human herpesvirus-8 (HHV-8) negative and the requested drug will be used as first-line therapy
  - Relapsed/refractory or progressive disease that is HHV-8 negative
  - Fulminant/severe disease that is HHV-8 negative
- Member has relapsed/refractory or progressive unresectable unicentric CD that is HIV-1 negative and HHV-8 negative

Cytokine release syndrome[2]

Authorization of 1 month may be granted for treatment of chimeric antigen receptor (CAR) T cell-induced cytokine release syndrome when either of the following criteria are met:

- Grade 4 cytokine release syndrome is refractory to high-dose corticosteroids and anti-IL-6 therapy.
- The requested medication will be used as a replacement for the second dose of tocilizumab when supplies are limited or unavailable.

Continuation of Therapy

Castleman's disease

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for multicentric and relapsed/refractory or progressive unresectable unicentric Castleman's disease when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

Cytokine release syndrome

All members (including new members) requesting authorization for continuation of therapy must meet all requirements in the coverage criteria section.

References

1. Sylvant [package insert]. Bridgewater, NJ: Recordati Rare Diseases, Inc.; June 2024.
2. The NCCN Drugs & Biologics Compendium® © 2025 National Comprehensive Cancer Network, Inc. https://www.nccn.org. Accessed January 21, 2025.