

# 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.: 2021. 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 9, 2021.
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™. © 2021 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on January 9, 2021.
  - B-Cell Lymphomas. V4.2020. Revised August 13, 2020.

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.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.