

Siltuximab (Sylvant®)

Place of Service

Office Administration
Outpatient Facility Administration
Infusion Center Administration

HCPCS: J2860 per 10 mg

Condition listed in policy (see criteria for details)

- [Castleman's disease](#)

AHFS therapeutic class: Antineoplastic

Mechanism of action: Interleukin-6 (IL-6) antagonist

(1) Special Instructions and Pertinent Information

Covered under the Medical Benefit, please submit clinical information for prior authorization review.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for Sylvant® (siltuximab) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Castleman's disease

1. Either of the following:
 - a. Diagnosis of Multicentric Castleman's disease, and Patient is HIV and HHV-8 negative
OR
 - b. Diagnosis of Unicentric Castleman's disease, relapsed or refractory, and all of the following:
 - i. Patient is HIV and HHV-8 negative, **AND**
 - ii. History of inadequate response, intolerance, or contraindication to rituximab

Covered dose

Up to 11 mg/kg IV every three weeks

Coverage Period

Yearly based on continued response

ICD-10:

D36.0, R59.0, R59.1, R59.9

(3) The following condition(s) **DO NOT** require Prior Authorization/Preservice

All requests for Sylvant® (siltuximab) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT medically necessary for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:

- 100 mg (single-use vials)

- 400 mg (single-use vials)

(6) References

- AHFS[®]. Available by subscription at <http://www.lexi.com>
- DrugDex[®]. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
- National Comprehensive Cancer Network Drugs and Biologics compendium. Siltuximab (2021). Available at: www.nccn.org/
- National Comprehensive Cancer Network. B Cell lymphomas (Version 5.2021). Available at: www.nccn.org/
- Sylvant[®] (siltuximab). [Prescribing information]. Horsham, PA: Janssen Biotech, Inc. ; 5/2018.

(7) Policy Update

Date of last review: 1Q2022

Date of next review: 1Q2023

Changes from previous policy version:

- No clinical change to policy following routine annual review.

*BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee*