Sylvant® (siltuximab)
(Intravenous)

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I. Length of Authorization [2,6,8]

- Initial: Prior authorization validity will be provided initially for 6 months (180 days), unless otherwise specified.
  - Management of CAR T-Cell & Lymphocyte-Engager Related Toxicities: Prior authorization validity will be provided initially for up to 2 doses.
  - KSHV-Associated Inflammatory Cytokine Syndrome: Prior authorization validity will be provided initially for up to a maximum of 6 cycles of therapy.
- Renewal: Prior authorization validity may be renewed every 6 months (180 days) thereafter, unless otherwise specified.
  - Management of CAR T-Cell & Lymphocyte-Engager-Related Toxicities: Prior authorization validity may NOT be renewed.
  - KSHV-Associated Inflammatory Cytokine Syndrome: Prior authorization validity may NOT be renewed.

II. Dosing Limits

Max Units (per dose and over time) [HCPCS Unit]:

Diagnosis	Billable Units	Interval (days)
MCD, UCD	130	21
Management of CAR T-Cell and Lymphocyte Engager-Related Toxicities	130	2 courses of therapy only
KSHV-Associated Inflammatory Cytokine Syndrome	130	21

III. Initial Approval Criteria [1]

Prior authorization validity is provided in the following conditions:

- Member is at least 18 years of age; **AND**
- **Universal Criteria** [1]
- Member is human immunodeficiency virus (HIV) negative*; **AND**
- Member is human herpes virus-8 (HHV-8) negative*; **AND**
- Member is currently free of all clinically significant infections; **AND**
- Provider will confirm that member will NOT receive any live vaccines during treatment with siltuximab; **AND**
- Must be used as a single agent, unless otherwise specified; **AND**

**Only applies to Multicentric and Unicentric Castleman Disease*

Multicentric Castleman Disease (MCD) † ‡ Φ [1-4]

Unicentric Castleman Disease (UCD) ‡ [2]

- Used as first-line therapy for unresectable or incompletely resected disease; **AND**
  - Member has primarily inflammatory symptoms; **OR**
- Used as alternate first-line therapy if disease remains unresectable or incompletely resected after first-line therapy; **OR**
- Used as subsequent therapy for unresectable or incompletely resected disease

Management of CAR T-Cell and Lymphocyte Engager-Related Toxicities ‡ [2,6]

- Member has received or will be receiving chimeric antigen receptor (CAR)-T cell therapy; **AND**
  - Used for the management of Grade 4 cytokine release syndrome (CRS); **AND**
    - Member is refractory to high-dose corticosteroids and anti-interleukin-6 therapy (e.g., tocilizumab); **OR**
  - Used as a replacement for the second dose of tocilizumab when supplies are limited or unavailable; **AND**
    - Used for Grade 1-4 CRS; **OR**
    - Used for Grade 1-4 neurotoxicity as additional therapy if the member has concurrent CRS; **OR**
- Member has received or will be receiving T-cell engaging bispecific agents; **AND**
  - Used in addition to tocilizumab as alternative cytokine blockade; **AND**
    - Used for G2 CRS if symptoms persist for >24 hours; **OR**
    - Used for G3-4 CRS if symptoms persist despite combination therapy with tocilizumab and corticosteroids for G3-4 CRS

Kaposi Sarcoma – Kaposi-sarcoma associated herpesvirus (KSHV)-Associated Inflammatory Cytokine Syndrome (KICS) ‡ [2,7]

- Used as add-on therapy to current Kaposi Sarcoma (KS)-directed systemic therapy for refractory/progressive KSHV-Associated Inflammatory Cytokine Syndrome (KICS)

Preferred therapies and recommendations are determined by review of clinical evidence. NCCN category of recommendation is taken into account as a component of this review. Regimens deemed equally efficacious (i.e., those having the same NCCN categorization) are considered to be therapeutically equivalent.

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Φ Orphan Drug

IV. Renewal Criteria [1,2,6]

Prior authorization validity may be renewed based upon the following criteria:

- Member continues to meet the universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Duration of authorization has not been exceeded (*refer to Section I*); **AND**
- Disease response with treated as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: gastrointestinal perforation, severe infusion related reactions and hypersensitivity, etc.

V. Dosage/Administration [1,3,4-8]

Indication	Dose
MCD & UCD	Administer 11 mg/kg intravenously every 21 days until treatment failure
Management of CAR T-Cell & Lymphocyte Engager Related Toxicities	Administer 11 mg/kg intravenously as a single dose. May repeat 11 mg/kg intravenously for 1 additional dose for a maximum of 2 total doses.
KSHV-Associated Inflammatory Cytokine Syndrome	Administer 11 mg/kg intravenously every 21 days for up to a maximum of 6 cycles

VI. Billing Code/Availability Information

HCPCS Code:

- J2860 – Injection, siltuximab, 10 mg; 1 billable unit = 10 mg

NDC(s):

- Sylvant 100 mg lyophilized powder in a single-dose vial: 73090-0420-xx
- Sylvant 400 mg lyophilized powder in a single-dose vial: 73090-0421-xx

VII. References (STANDARD)

1. Sylvant [package insert]. Bridgewater, NJ; Recordati Rare Diseases Inc.; June 2024. Accessed February 2026.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for siltuximab. National Comprehensive Cancer Network, 2026. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed February 2026.
3. van Rhee F, Wong RS, Munshi N, et al. Siltuximab for multicentric Castleman's disease: a randomised, double-blind, placebo-controlled trial. Lancet Oncol. 2014 Aug;15(9):966-74. doi: 10.1016/S1470-2045(14)70319-5. Epub 2014 Jul 17.
4. Kurzrock R, Voorhees PM, Casper C, et al. A phase I, open-label study of siltuximab, an anti-IL-6 monoclonal antibody, in patients with B-cell non-Hodgkin lymphoma, multiple myeloma, or Castleman disease. Clin Cancer Res. 2013 Jul 1;19(13):3659-70. doi: 10.1158/1078-0432.CCR-12-3349. Epub 2013 May 9.
5. Chen F, Teachey DT, Pequignot E, et al. Measuring IL-6 and sIL-6R in serum from patients treated with tocilizumab and/or siltuximab following CAR T cell therapy. J Immunol Methods. 2016 Jul;434:1-8. doi: 10.1016/j.jim.2016.03.005.
6. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Management of CAR T-Cell and Lymphocyte Engager-Related Toxicities - Lymphocyte Engager-Related Toxicities Version 2.2026. National Comprehensive Cancer Network, 2026. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed February 2026.
7. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Kaposi Sarcoma Version 2.2026. National Comprehensive Cancer Network, 2026. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc." To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed February 2026.

8. Ramaswami R, Lurain K, Peer CJ, et al. Tocilizumab in patients with symptomatic Kaposi sarcoma herpesvirus-associated multicentric Castleman disease. Blood. 2020 Jun 18;135(25):2316-2319. doi: 10.1182/blood.2019004602. PMID: 32276276; PMCID: PMC7316216. Available at: https://pubmed.ncbi.nlm.nih.gov/32276276/

VIII. References (ENHANCED)

1e. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) Castleman Disease, Version 1.2026. National Comprehensive Cancer Network, 2026. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed February 2026.

2e. Gérard L, Bérezné A, Galicier L, et al. Prospective study of rituximab in chemotherapy-dependent human immunodeficiency virus associated multicentric Castleman's disease: ANRS 117 CastlemaB Trial. J Clin Oncol. 2007 Aug 1;25(22):3350-6.

3e. Zhang L, Zhao AL, Duan MH, et al. Phase 2 study using oral thalidomide-cyclophosphamide-prednisone for idiopathic multicentric Castleman disease. Blood 2019;133:1720-1728.

4e. van Rhee F, Oksenhendler E, Srkalovic G, et al. International evidence-based consensus diagnostic and treatment guidelines for unicentric Castleman disease. *Blood Advances*. 2020;4(23):6039-6050. doi:https://doi.org/10.1182/bloodadvances.2020003334

5e. Prime Therapeutics Management. Sylvant Clinical Literature Review Analysis. Last updated March 2026. Accessed March 2026.

Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist

Non-quantitative treatment limitations (NQTLs) refer to the methods, guidelines, standards of evidence, or other conditions that can restrict how long or to what extent benefits are provided under a health plan. These may include things like utilization review or prior authorization. The utilization management NQTL applies comparably, and not more stringently, to mental health/substance use disorder (MH/SUD) Medical Benefit Prescription Drugs and medical/surgical (M/S) Medical Benefit Prescription Drugs. The table below lists the factors that were considered in designing and applying prior authorization to this drug/drug group, and a summary of the conclusions that Prime's assessment led to for each.

Factor	Conclusion
Indication	Yes: Consider for PA
Safety and efficacy	No: PA not a priority
Potential for misuse/abuse	No: PA not a priority
Cost of drug	Yes: Consider for PA

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C46.0	Kaposi's sarcoma of skin
C46.1	Kaposi's sarcoma of soft tissue
C46.2	Kaposi's sarcoma of palate
C46.3	Kaposi's sarcoma of lymph nodes
C46.4	Kaposi's sarcoma of gastrointestinal sites
C46.50	Kaposi's sarcoma of unspecified lung
C46.51	Kaposi's sarcoma of right lung
C46.52	Kaposi's sarcoma of left lung
C46.7	Kaposi's sarcoma of other sites
C46.9	Kaposi's sarcoma, unspecified
D47.Z2	Castleman disease
D89.831	Cytokine release syndrome, grade 1
D89.832	Cytokine release syndrome, grade 2
D89.833	Cytokine release syndrome, grade 3
D89.834	Cytokine release syndrome, grade 4
D89.839	Cytokine release syndrome, grade unspecified
D89.89	Other specified disorders involving the immune mechanism, not elsewhere classified
D89.9	Disorder involving the immune mechanism, unspecified
G92.00	Immune effector cell-associated neurotoxicity syndrome, grade unspecified
G92.01	Immune effector cell-associated neurotoxicity syndrome, grade 1
G92.02	Immune effector cell-associated neurotoxicity syndrome, grade 2
G92.03	Immune effector cell-associated neurotoxicity syndrome, grade 3
G92.04	Immune effector cell-associated neurotoxicity syndrome, grade 4
T80.82XA	Complication of immune effector cellular therapy, initial encounter
T80.82XS	Complication of immune effector cellular therapy, sequela
T80.89XA	Other complications following infusion, transfusion and therapeutic injection, initial encounter
T80.89XS	Other complications following infusion, transfusion and therapeutic injection, sequela

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD,

or LCA documents: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCA/LCD): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC