

Sylvant™ (siltuximab) (Intravenous)

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I. Length of Authorization

Coverage will be provided for six months and may be renewed.

II. Dosing Limits

Quantity Limit (max daily dose) [Pharmacy Benefit]:

- Sylvant 100 mg single-use vial: 3 vials per 21 days supply
- Sylvant 400 mg single-use vial: 3 vials per 21 days supply

Max Units (per dose and over time) [Medical Benefit]:

- 130 billable units every 21 days

III. Initial Approval Criteria

Coverage is provided in the following conditions:

- Patient is human immunodeficiency virus (HIV) negative; **AND**
- Patient is human herpes virus-8 (HHV-8) negative; **AND**
- Patient is currently free of all clinically significant infections; **AND**
- Patient will NOT receive any live vaccines while being treated with Sylvant; **AND**
- Must be used as a single agent; **AND**

Multicentric Castleman's Disease (MCD) †

Unicentric Castleman's Disease (UCD) ‡

- Must be used second-line for relapsed or refractory disease

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s)

IV. Renewal Criteria

Authorizations can be renewed based on the following criteria:

- Tumor response with stabilization or disease or decrease in size of tumor or tumor spread;
AND
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: GI perforation and severe infusion related reactions (hypersensitivity), etc.

V. Dosage/Administration

Indication	Dose
All indications	11 mg/kg intravenously every 21 days

VI. Billing Code/Availability Information

Jcode:

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

NDC:

- Sylvant 100 mg single-use vial: 57894-0420-xx
- Sylvant 400 mg single-use vial: 57894-0421-xx

VII. References

1. Sylvant [package insert]. Horsham, PA; Janssen Biotech; November 2015. Accessed March 2018.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for siltuximab. National Comprehensive Cancer Network, 2018. 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 March 2018.

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
D36.0	Benign neoplasm of lymph nodes
D47.Z2	Castleman disease
R59.0	Localized enlarged lymph nodes
R59.1	Generalized enlarged lymph nodes
R59.9	Enlarged lymph nodes, unspecified

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

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 Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/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, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
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