Reference number(s)
4476-A

STANDARD MEDICARE PART B MANAGEMENT

SYLVANT (siltuximab)

POLICY

I. 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.

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

B. Compendial Uses
1. Relapsed/refractory unicentric Castleman's disease
2. CAR T-cell related toxicities – Cytokine release syndrome (CRS)

All other indications will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

II. DOCUMENTATION

The following documentation must be available, upon request, for all submissions: medical record documentation of HIV and HHV-8 status (where applicable).

III. CRITERIA FOR INITIAL APPROVAL

A. Multicentric Castleman's disease or relapsed/refractory unicentric Castleman's disease
Authorization of 12 months may be granted for treatment of active multicentric Castleman's disease with no organ failure or relapsed/refractory unicentric Castleman's disease when all of the following criteria are met:
1. Member is human immunodeficiency virus (HIV) negative and human herpesvirus-8 (HHV-8) negative.
2. The requested medication is used as a single agent.

B. Cytokine release syndrome
Authorization of 1 month may be granted for the treatment of chimeric antigen receptor (CAR) T cell-induced cytokine release syndrome when either of the following criteria are met:
1. Cytokine release syndrome is refractory to high-dose corticosteroids and anti-IL-6 therapy.
2. The requested medication will be used as a replacement for the second dose of tocilizumab when supplies are limited or unavailable.

IV. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

Authorization for 12 months may be granted when all of the following criteria are met:
A. The member is currently receiving therapy with the requested medication.
B. The requested medication is being used to treat multicentric Castleman's disease or relapsed/refractory unicentric Castleman's disease.
C. The member is receiving benefit from therapy. Benefit is defined as:
    1. No evidence of unacceptable toxicity, AND
    2. No evidence of disease progression while on current regimen

V. SUMMARY OF EVIDENCE

The contents of this policy were created after examining the following resources:
1. The prescribing information for Sylvant.
2. The available compendium
    a. National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
    b. Micromedex DrugDex
    c. American Hospital Formulary Service- Drug Information (AHFS-DI)
    d. Lexi-Drugs
    e. Clinical Pharmacology
3. NCCN Guideline: B-cell lymphomas
4. NCCN Guideline: Management of immunotherapy-related toxicities

After reviewing the information in the above resources, the FDA-approved indications listed in the prescribing information for Sylvant are covered in addition to the following:
1. Relapsed/refractory unicentric Castleman's disease
2. CAR T-cell related toxicities – Cytokine release syndrome (CRS)

VI. EXPLANATION OF RATIONALE

Support for FDA-approved indications can be found in the manufacturer's prescribing information.

Support for using Sylvant to treat relapsed or refractory unicentric Castleman's disease can be found in the NCCN Drugs and Biologics Compendium. Use of information in the NCCN Drugs and Biologics Compendium for off-label use of drugs and biologicals in an anti-cancer chemotherapeutic regimen is supported by the Medicare Benefit Policy Manual, Chapter 15, section 50.4.5 (Off-Label Use of Drugs and Biologicals in an Anti-Cancer Chemotherapeutic Regimen).

Support for using Sylvant to treat CAR-T cell-related toxicities can be found in the National Comprehensive Cancer Network's guideline for the Management of Immunotherapy-related Toxicities. The NCCN Guideline supports the use of Sylvant in the following scenarios:
- Management of G4 cytokine release syndrome that is refractory to high-dose corticosteroids and anti-IL-6 therapy
- As a replacement for the second dose of tocilizumab when supplies are limited or unavailable for the management of G1-G4 cytokine release syndrome or G1-G4 neurotoxicity as additional therapy if concurrent cytokine release syndrome

VII. REFERENCES

1. Sylvant [package insert]. Hemel Hempstead, Hertfordshire, U.K.: EUSA Pharma, LTD; December 2019.
2. The NCCN Drugs & Biologics Compendium® © 2023 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed January 6, 2023.