Reference number(s)
4476- A

Standard Medicare Part B Management Sylvant

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Sylvant	siltuximab

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.

FDA-Approved Indication[1]

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.

Compendial Uses[2]

- Castleman's disease
- Cytokine release syndrome (CRS) including CAR T-cell related toxicities, lymphocyte engager – related toxicities, and Kaposi-sarcoma associated herpesvirus (KSHV) - Associated Inflammatory Cytokine syndrome (KICS)

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

Documentation

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

Coverage Criteria

Castleman's disease[1,2]

Authorization of 12 months may be granted for treatment of Castleman's disease (CD) as a single agent when either of the following criteria are met:

- Member has multicentric CD and any of the following:
  - Active idiopathic disease with no organ failure that is human immunodeficiency virus-1 (HIV-1) negative and human herpesvirus-8 (HHV-8) negative and the requested drug will be used as first-line therapy
  - Relapsed/refractory or progressive disease that is HHV-8 negative
  - Fulminant/severe disease that is HHV-8 negative
- Member has relapsed/refractory or progressive unresectable unicentric CD that is HIV-1 negative and HHV-8 negative

Cytokine release syndrome[2]

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:

- Grade 4 cytokine release syndrome is refractory to high-dose corticosteroids and anti-IL-6 therapy.
- The requested medication will be used as a replacement for the second dose of tocilizumab when supplies are limited or unavailable.

Authorization of 1 month may be granted for treatment of lymphocyte engager (e.g., blinatumomab, teclistamab, epcoritamab) - related toxicities when used in addition to tocilizumab for grades 2-4.

Authorization of 12 months may be granted for the treatment of refractory/progressive Kaposi-sarcoma associated herpesvirus (KSHV) - Associated Inflammatory Cytokine syndrome (KICS).

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:

- The member is currently receiving therapy with the requested medication
- The requested medication is being used to treat one of the following:
  - multicentric Castleman's disease or
  - relapsed/refractory or progressive unresectable unicentric Castleman's disease or

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    - refractory/progressive Kaposi-sarcoma associated herpesvirus (KSHV) - Associated Inflammatory Cytokine syndrome (KICS)
- The member is receiving benefit from therapy. Benefit is defined as:
    - No evidence of unacceptable toxicity, AND
    - No evidence of disease progression while on current regimen

Summary of Evidence

The contents of this policy were created after examining the following resources:

- The prescribing information for Sylvant.
- The available compendium
    - National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
    - Micromedex DrugDex
    - American Hospital Formulary Service- Drug Information (AHFS-DI)
    - Lexi-Drugs
    - Clinical Pharmacology
- NCCN Guideline: Castleman Disease
- NCCN Guideline: Management of CAR T-Cell and Lymphocyte Engager-Related Toxicities
- NCCN Guidelined: Kaposi Sarcoma

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:

- Relapsed/refractory or progressive unresectable unicentric Castleman's disease
- Cytokine release syndrome (CRS)

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 or progressive unresectable 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 cytokine release syndromes (CRS) including CAR T-cell related toxicities, lymphocyte engager – related toxicities, and Kaposi-sarcoma associated herpesvirus (KSHV) - Associated Inflammatory Cytokine syndrome (KICS) 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:

- For the management of CAR T-Cell Related Toxicities:
    - Management of G4 cytokine release syndrome that is refractory to high-dose corticosteroids and anti-IL-6 therapy

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    - 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
- For the management of Lymphocyte Engager-Related Toxicities: in addition to tocilizumab as alternative cytokine blockade
    - for G2 Cytokine Release Syndrome (CRS) if symptoms persist for >24 hours
    - for G3-4 CRS if symptoms persist despite combination therapy with tocilizumab and corticosteroids for G3-4 CRS
- For the management of Kaposi Sarcoma - KSHV-Associated Inflammatory Cytokine Syndrome: adding to current Kaposi Sarcoma (KS)-directed systemic therapy for refractory/progressive Kaposi-sarcoma associated herpesvirus (KSHV)-Associated Inflammatory Cytokine Syndrome (KICS)

References

1. Sylvant [package insert]. Bridgewater, NJ: Recordati Rare Diseases, Inc.; June 2024.
2. The NCCN Drugs & Biologics Compendium® © 2026 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed January 15, 2026.

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