



Part B Prior Authorization Step Therapy Guidelines

Castleman's Disease
Sylvant (siltuximab) J2860
Prior Authorization Request
Medicare Part B Form

Instructions: \* Indicates required information - Form may be returned if required information is not provided. Please fax this request to the appropriate fax number listed at the bottom of the page.

Form with checkboxes for Standard Request (72 Hours) and Urgent Request, and fields for Date Requested, Requestor, Clinic name, Phone, and Fax.

MEMBER INFORMATION

\*Name: \*ID#: \*DOB:

PRESCRIBER INFORMATION

\*Name: [checkbox] MD [checkbox] FNP [checkbox] DO [checkbox] NP [checkbox] PA \*Phone:

\*Address: \*Fax:

DISPENSING PROVIDER / ADMINISTRATION INFORMATION

\*Name: Phone:

\*Address: Fax:

PROCEDURE / PRODUCT INFORMATION

Table with 5 columns: HCPC Code, Name of Drug, Dose (Wt: kg Ht: ), Frequency, End Date if known

[checkbox] Self-administered [checkbox] Provider-administered [checkbox] Home Infusion

[checkbox] Chart notes attached. Other important information:

Diagnosis: ICD10: Description:

[checkbox] Provider attests the diagnosis provided is an FDA-Approved indication for this drug

CLINICAL INFORMATION

[checkbox] New Start or Initial Request: (Clinical documentation required for all requests)
[checkbox] Provider has reviewed the attached "Criteria for Approval" and attests the member meets ALL required PA criteria.
If not, please provide clinical rationale for formulary exception:

[checkbox] Continuation Requests: (Clinical documentation required for all requests)
[checkbox] Patient had an adequate response or significant improvement while on this medication.
If not, please provide clinical rationale for continuing this medication:

ACKNOWLEDGEMENT

Request By (Signature Required): Date: / /

Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. THIS AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT. PAYMENT IS BASED ON BENEFITS IN EFFECT AT THE TIME OF SERVICE, MEMBER ELIGIBILITY AND MEDICAL NECESSITY.

## Prior Authorization Group – Orphan Drug: Castleman’s Disease PA

### Drug Name(s):

**SYLVANT**  
**SILTUXIMAB**

### Criteria for approval of Non-Formulary/Preferred Drug:

1. Prescribed for an approved FDA diagnosis (as listed below):
2. Member does not have any clinically relevant contraindications, or CMS/Plan exclusions, to the requested drug.
  - If the member meets all these criteria, they may be approved by the Plan for the requested drug.
  - Quantity limits and Tiering will be determined by the Plan.
  - Continuation Requests: Provider must verify continued clinical benefit in confirmatory trial(s).

### Exclusion Criteria:

**N/A**

### Prescriber Restrictions:

**N/A**

### Coverage Duration:

**Approval will be for 12 months**

### FDA Indications:

**Sylvant**

Multicentric Castleman's disease, In patients known to be HIV-negative and human herpesvirus-8-negative

### Off-Label Uses:

**N/A**

### Age Restrictions:

Safety and efficacy not established in pediatric patients

### Other Clinical Consideration:

Concomitant use: Do not administer live vaccines

### Resources:

[https://www.micromedexolutions.com/micromedex2/librarian/CS/280669/ND\\_PR/evidencexpert/ND\\_P/evidencexpert/DUPLICATIONSHIELDSYNC/7AC27D/ND\\_PG/evidencexpert/ND\\_B/evidencexpert/ND\\_AppProduct/evidencexpert/ND\\_T/evidencexpert/PFActionId/evidencexpert.GoToDashboard?docId=930940&contentSetId=100&title=Siltuximab&serviceTitle=Siltuximab&brandName=Sylvant&UserMdxSearchTerm=sylvant&=null#](https://www.micromedexolutions.com/micromedex2/librarian/CS/280669/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYNC/7AC27D/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.GoToDashboard?docId=930940&contentSetId=100&title=Siltuximab&serviceTitle=Siltuximab&brandName=Sylvant&UserMdxSearchTerm=sylvant&=null#)