BlueCross BlueShield of North Carolina

An independent licensee of the Blue Cross and Blue Shield Association

Corporate Medical Policy

Siltuximab (Sylvant®)

File Name:	siltuximab_sylvant
Origination:	7/2015
Last CAP Review:	4/2020
Next CAP Review:	4/2021
Last Review:	4/2020

Description of Procedure or Service

Siltuximab (Sylvant) is an interleukin-6 (IL-6) antagonist indicated for treatment of patients with multicentric Castleman's disease (MCD) (cancer of the lymph nodes) who are human immunodeficiency virus (HIV) negative and human herpesvirus-8 (HHV-8) negative. Castleman's disease (CD), also known as angiofollicular lymph node hyperplasia and giant lymph node hyperplasia, is a heterogenous group of lymphoproliferative disorders associated in a subset of cases with the human immunodeficiency virus (HIV) and human herpes virus 8 (HHV-8). There are 2 forms of CD: (i) unicentric and (ii) multicentric; with very different prognoses. Castleman's disease may also be associated with other malignancies, including Hodgkin lymphoma, Kaposi sarcoma, non-Hodgkin lymphoma (NHL), as well as polyneuropathy, organomegaly, endocrinopathy, monoclonal gammopathy, and skin changes syndrome (POEMS). Patients with multicentric CD (MCD) usually present at a median age of 50 to 65 years, although those who are HIV-infected tend to be younger; and 50 % to 65 % are male. The incidence of HIV-associated MCD has increased in the years since the introduction of anti-retroviral therapy for the management of HIV (Astor et al, 2014). Interleukin-6 (IL-6) has emerged as a key factor in the pathogenesis of CD. Siltuximab, an anti-IL-6, chimeric monoclonal antibody derived from a new Chinese hamster ovary (CHO) cell line, has been demonstrated to exhibit potential therapeutic benefit in patients with CD.

Castleman's disease causes an abnormal overgrowth of immune cells in lymph nodes and related tissues in the body. The disease usually affects adults who often suffer from fever, night sweats, weight loss and weakness or fatigue because their body's immune system is weakened and cannot fight infections.

******Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.***

Policy

BCBSNC will provide coverage for Siltuximab (Sylvant) for multicentric Castleman's disease when it is determined to be medically necessary because the medical criteria and guidelines noted below are met.

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

When Siltuximab (Sylvant) is covered

Siltuximab (Sylvant) is considered medically necessary as a single agent for the treatment of multicentric Castleman's disease in patients who are human immunodeficiency virus (HIV) negative and human herpesvirus-8 (HHV-8) negative.

Use of Siltuximab (Sylvant) may be considered medically necessary for clinical indications not listed above when the drug is prescribed for the treatment of cancer either:

- In accordance with FDA label (when clinical benefit has been established, see Policy Guidelines); **OR**
- In accordance with specific strong endorsement or support by nationally recognized compendia, when such recommendation is based on strong/high levels of evidence, and/or uniform consensus of clinical appropriateness has been reached.

When Siltuximab (Sylvant) is not covered

Siltuximab (Sylvant) is considered not medically necessary when criteria under "When Siltuximab (Sylvant) is covered" are not met.

Siltuximab (Sylvant) is considered investigational when used for:

1. Non-cancer indications; **OR**
2. When criteria are not met regarding FDA labeling **OR** strong endorsement/support by nationally recognized compendia, as stated under "When Siltuximab (Sylvant) is covered."

Policy Guidelines

Siltuximab (Sylvant) is administered by intravenous infusion.

For the treatment of **multicentric Castleman's disease (MCD**), 11mg/kg is given over 1 hour by intravenous infusion every 3 weeks.

The safety and efficacy of Siltuximab (Sylvant) have not been established in pediatric patients.

Drugs prescribed for treatment of cancer in accordance with FDA label may be considered medically necessary when clinical benefit has been established, and should not be determined to be investigational as defined in Corporate Medical Policy (CMP), "Investigational (Experimental) Services."

Please refer to CMP "Investigational (Experimental) Services" for a summary of evidence standards from nationally recognized compendia.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable service codes: *J2860, S0353, S0354*

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

U.S. Food and Drug Administration (FDA). Siltuximab (Sylvant). Highlights of prescribing information. April 2014. Available at: http://www.accessdata.fda.gov/drugsatfda_docs/label/2014/125496s000lbl.pdf

U.S. Food and Drug Administration (FDA). http://www.fda.gov/drugs/informationondrugs/approveddrugs/ucm394675.htm

Sr. Medical Director review 7/2015

Specialty Matched Consultant Advisory Panel 4/2016

Medical Director review 8/2016

Medical Director review 3/2017

Specialty Matched Consultant Advisory Panel 4/2017

Specialty Matched Consultant Advisory Panel 4/2018

Medical Director review 6/2018

Specialty Matched Consultant Advisory Panel 4/2019

Specialty Matched Consultant Advisory Panel 4/2020

Policy Implementation/Update Information

10/1/15 New medical policy issued. Siltuximab (Sylvant) is considered medically necessary for the treatment of multicentric Castleman's disease in patients who are human immunodeficiency virus (HIV) negative and human herpesvirus-8 (HHV-8) negative. Medical Director review 7/2015. Notification given 10/1/15 for effective date 12/30/15. (lpr)

11/30/15 Policy effective date adjusted to 11/30/15. HCPCS code J2860 added to Billing/Coding section for effective date 1/1/16. (lpr)

12/30/15 Deleted HCPCS codes C9455, J3490, J3590 from Billing/Coding section for effective date 1/1/16. (lpr)

5/31/16 Specialty Matched Consultant Advisory Panel review 4/27/2016. No change to policy. (lpr)

12/30/16 Medical Director review 8/2016. Added HCPCS codes S0353, S0354 to Billing/Coding section. Notification given 12/30/16 for effective date 4/1/17. (lpr)

5/26/17 Added the following statement to "When Covered" section: "Use of Siltuximab (Sylvant) may be considered medically necessary for clinical indications not listed above when the drug is prescribed for the treatment of cancer either: In accordance with FDA label (when clinical benefit has been established, see Policy Guidelines); OR In accordance with specific strong endorsement or support by nationally recognized compendia, when such recommendation is based on strong/high levels of evidence, and/or uniform consensus of clinical appropriateness has been reached". Under "When Not Covered" section, added the statement "Siltuximab (Sylvant) is considered investigational when used for: 1)Non-cancer

indications; **OR** 2) When criteria are not met regarding FDA labeling **OR** strong endorsement/ support by nationally recognized compendia, as stated under "When Siltuximab (Sylvant) is covered." Added the following statements under "Policy Guidelines" section: 1)Drugs prescribed for treatment of cancer in accordance with FDA label may be considered medically necessary when clinical benefit has been established, and should not be determined to be investigational as defined in Corporate Medical Policy, Investigational (Experimental) Services." 2) Please refer to CMP "Investigational (Experimental) Services" for a summary of evidence standards from nationally recognized compendia. Medical director review 3/2017. Specialty Matched Consultant Advisory Panel review 4/26/2017. No change to policy statement. (lpr)

6/29/18 Specialty Matched Consultant Advisory Panel review 4/25/2018. Added "as a single agent" to medical necessity statement in "When Covered" section to provide clarity. No change to policy intent. Medical Director review 6/2018. (krc)

4/30/19 Specialty Matched Consultant Advisory Panel review 4/17/2019. No change to policy statement. (krc)

6/9/20 Specialty Matched Consultant Advisory Panel review 4/15/2020. No change to policy statement. (krc)