

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

\*FHK- Florida Healthy Kids

Medication	Comment
Sylvant (siltuximab)	N/A

**OVERRIDE(S)**

Prior Authorization of Benefits

**APPROVAL DURATION**

1 year

**APPROVAL CRITERIA**

Requests for Sylvant (siltuximab) may be approved if the following criteria are met:

- I. Individual has a diagnosis of multicentric Castleman’s disease (MCD); **AND**
- II. Individual is negative for human immunodeficiency virus (HIV) and human herpesvirus-8 (HHV-8).

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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