

STORAGE



Protect from Light
Keep in original carton



Must be refrigerated
2°C - 8°C
(36°F - 46°F)
Do not freeze



Discard beyond the expiration date located on the carton and the vial

SUPPLIES



Each SYLVANT® vial is supplied as a sterile, white, preservative-free, lyophilized powder in single-use vials and are individually packaged in a carton as:

one 100mg vial OR one 400mg vial

Use aseptic technique for reconstitution and preparation of dosing solution



A 21-gauge 1.5-inch (38mm) needle is recommended for preparation



Infusion bags must contain **Dextrose 5%** in water and must be made from **PVC, PO, PP or PE**. Alternatively, **PE bottles may be used**. Administration sets lined with PVC or PE containing a 0.2 micron inline PES filter should be used.



Sterile Water for Injection, USP is required for the reconstitution of SYLVANT

PE, polyethylene; PES, Polyethersulfone; PO, polyolefin; PP, polypropylene; PVC, polyvinyl chloride.

CALCULATIONS

Perform hematology laboratory tests prior to each dose of SYLVANT therapy for the first 12 months and every 3 dosing cycles thereafter. See full PI for treatment criteria.

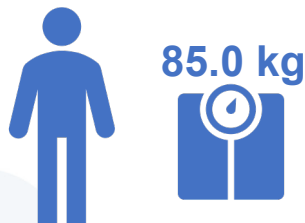


SYLVANT® uses weight-based dosing
(11 mg/kg)

- 1** Calculate the **weight of the person (kg)**
- 2** Calculate the **dose (mg) of SYLVANT** needed
- 3** Calculate the **number and strength (100 mg or 400 mg) of carton(s) containing SYLVANT vials** needed for infusion
- 4** Calculate the **total volume (mL) of reconstituted SYLVANT solution required** (based on post-reconstitution concentration of 20 mg/mL)

SAMPLE CALCULATION

85.0 kg / 187.5 lb



Strength	100 mg vial	400 mg vial
Amount of Sterile Water for Injection, USP required for reconstitution	5.2 mL	20 mL
Post-reconstitution concentration	20 mg/mL	20 mg/mL

SAMPLE CALCULATION ONLY



SYLVANT® uses weight-based dosing (11 mg/kg)

1 Calculate the weight of the person (kg)

$$187.5 \cancel{\text{ lb}} \times \frac{\text{kg}}{2.20462 \cancel{\text{ lb}}} = 85.0 \text{ kg}$$

2 Calculate the dose (mg) of SYLVANT needed

$$85.0 \cancel{\text{ kg}} \times \frac{11 \text{ mg}}{\cancel{\text{ kg}}} = 935 \text{ mg}$$

3 Calculate the number and strength (100 mg or 400 mg) of carton(s) containing SYLVANT vials needed for infusion

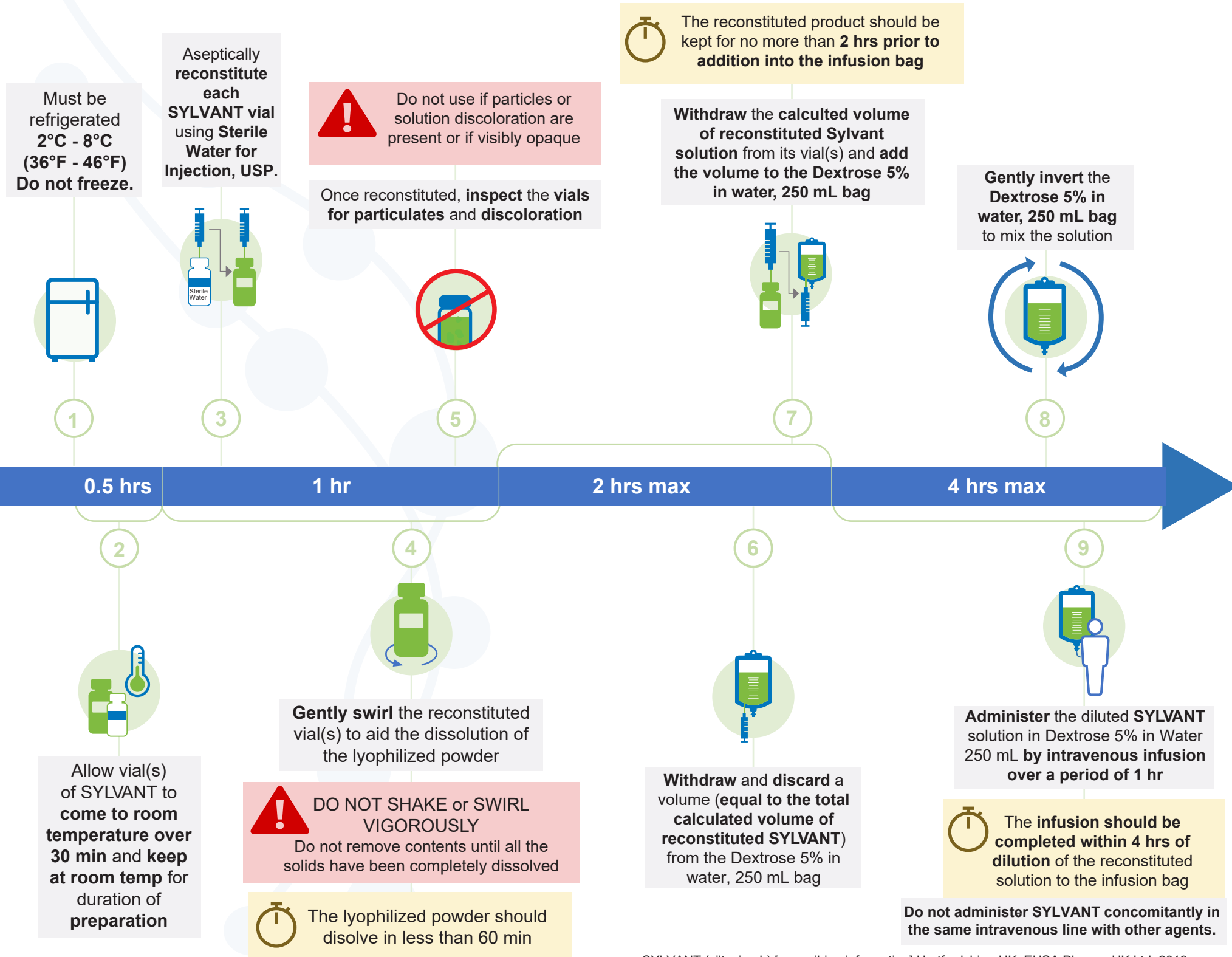
$$935 \text{ mg} \left\{ \begin{array}{l} 2 \times 400 \text{ mg vials} \\ 2 \times 100 \text{ mg vials} \end{array} \right.$$

4 Calculate the total volume (mL) of reconstituted SYLVANT solution required (based on post-reconstitution concentration of 20 mg/mL)

$$935 \cancel{\text{ mg}} \times \frac{\text{mL}}{20 \cancel{\text{ mg}}} = 46.8 \text{ mL}$$

Weight (kg)	
Dose (mg)	
Total Volume of Reconstituted SYLVANT Solution (mL)	
Volume to be Removed from Dextrose 5% in water, 250 mL bag (mL)	
Weight (lb)	
Dose (mg)	
Total Volume of Reconstituted SYLVANT Solution (mL)	
Volume to be Removed from Dextrose 5% in water, 250 mL bag (mL)	





SYLVANT® (siltuximab) for injection HCP

INDICATIONS AND USAGE

SYLVANT® (siltuximab) is an interleukin-6 (IL-6) antagonist 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.

Limitations of Use

SYLVANT was not studied in patients with MCD who are HIV positive or HHV-8 positive because SYLVANT did not bind to virally produced IL-6 in a nonclinical study.

IMPORTANT SAFETY INFORMATION

SYLVANT is contraindicated in patients experiencing a severe hypersensitivity reaction to siltuximab or any of the excipients in SYLVANT.

Concurrent Active Severe Infections: Do not administer SYLVANT to patients with severe infections until the infection resolves. SYLVANT may mask signs and symptoms of acute inflammation including suppression of fever and of acute Phase reactants such as C-reactive protein (CRP). Monitor patients receiving SYLVANT closely for infections. Institute prompt anti-infective therapy and do not administer further SYLVANT until the infection resolves.

Vaccinations: Do not administer live vaccines to patients receiving SYLVANT because IL-6 inhibition may interfere with the normal immune response to new antigens.

Infusion Related Reactions and Hypersensitivity: Stop the infusion of SYLVANT if the patient develops signs of anaphylaxis. Discontinue further therapy with SYLVANT.

Stop the infusion if the patient develops a mild to moderate infusion reaction. If the reaction resolves, the SYLVANT infusion may be restarted at a lower infusion rate. Consider medicating with antihistamines, acetaminophen, and corticosteroids. Discontinue SYLVANT if the patient does not tolerate the infusion following these interventions.

Administer SYLVANT in a setting that provides resuscitation equipment, medication, and personnel trained to provide resuscitation.

Gastrointestinal (GI) Perforation: Gastrointestinal (GI) perforation has been reported in clinical trials although not in MCD trials. Use with caution in patients who may be at increased risk for GI perforation. Promptly evaluate patients presenting with symptoms

that may be associated or suggestive of GI perforation.

The most common adverse reactions (>10% compared to placebo) in the MCD clinical trial were rash, pruritus, upper respiratory tract infections, increased weight, and hyperuricemia.

Cytochrome P450 Substrates: Upon initiation or discontinuation of SYLVANT, in patients being treated with CYP450 substrates with a narrow therapeutic index, perform therapeutic monitoring of effect (e.g., warfarin) or drug concentration (e.g., cyclosporine or theophylline) as needed and adjust dose. The effect of SYLVANT on CYP450 enzyme activity can persist for several weeks after stopping therapy. Exercise caution when SYLVANT is co-administered with CYP3A4 substrate drugs where a decrease in effectiveness would be undesirable (e.g., oral contraceptives, lovastatin, atorvastatin).

Pregnancy and Lactation: SYLVANT may cause embryo-fetal harm when administered to pregnant women. Advise female patients of reproductive potential to use effective contraception during treatment with SYLVANT and for 3 months after the last dose. Advise females not to breastfeed during treatment with SYLVANT and for 3 months after the final dose.

Dosing and Administration: Perform hematology laboratory tests prior to each dose of SYLVANT therapy for the first 12 months and every 3 dosing cycles thereafter. If treatment criteria outlined in the Prescribing Information are not met, consider delaying treatment with SYLVANT. Do not reduce dose.

Directional Statements:

Before prescribing SYLVANT, please read the full Prescribing Information (<https://sylvant.com/en-us/assets/docs/sylvant-prescribing-info.pdf>)