Sarclisa® (isatuximab-irfc)
(Intravenous)

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I. Length of Authorization [5]

Coverage will be provided for 6 months and may be renewed, unless otherwise specified.

- Primary therapy in Multiple Myeloma can be authorized up to a maximum of 18 weeks of therapy (11 doses).

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC Unit]:

- Sarclisa 100 mg/5 mL single-dose vial for injection: 4 vials weekly x 5 doses (cycle 1), then 4 vials every 2 weeks (cycle 2 and beyond)
- Sarclisa 500 mg/25 mL single dose vial for injection: 2 vials weekly x 5 doses (cycle 1), then 2 vials every 2 weeks (cycle 2 and beyond)

B. Max Units (per dose and over time) [HCPCS Unit]:

- 110 billable units weekly x 5 doses (cycle 1), then 110 billable units every 2 weeks (cycle 2 and beyond)

III. Initial Approval Criteria [1]

Coverage is provided in the following conditions:

- Patient is at least 18 years of age; **AND**

Universal Criteria

- Therapy will not be used in combination with other anti-CD38 therapies (i.e., daratumumab, daratumumab and hyaluronidase-fihj, etc.); **AND**

Multiple Myeloma † ‡ Φ [1-5]

- Used as primary therapy for transplant candidates; **AND**

- Used in combination with bortezomib, lenalidomide, and dexamethasone; **OR**

- Used for relapsed, refractory, or progressive disease; **AND**
  - Used in combination with pomalidomide and dexamethasone after at least two prior therapies including lenalidomide and a proteasome inhibitor (e.g., bortezomib, carfilzomib, ixazomib, etc.); **OR**
  - Used in combination with carfilzomib and dexamethasone

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Φ Orphan Drug

IV. Renewal Criteria [1,5]

Coverage may be renewed based upon the following criteria:

- Patient continues to meet the indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Disease response with treatment as defined by stabilization of disease and decrease in size of tumor of tumor spread; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe infusion-related reactions, neutropenia, secondary primary malignancies, etc.

Multiple Myeloma (primary therapy)

- Coverage may not be renewed

V. Dosage/Administration [1,5]

Indication	Dose
Multiple Myeloma	Combination therapy with bortezomib, lenalidomide, and dexamethasone: ▪ Administer 10 mg/kg of actual body weight given as an intravenous infusion: – Weekly Cycle 1 (five doses total; Days 1, 8, 15, 22, & 29) – Every two weeks Cycle 2 and 3 (three doses per cycle; Days 1, 15, & 29) **Each treatment cycle consists of a 42-day period.* Combination therapy with pomalidomide and dexamethasone OR carfilzomib and dexamethasone: ▪ Administer 10 mg/kg of actual body weight given as an intravenous infusion: – Weekly Cycle 1 (four doses total; Days 1, 8, 15, & 22) – Every two weeks Cycles 2 and beyond (two doses per cycle; Days 1 & 15) **Each treatment cycle consists of a 28-day period. Treatment is repeated until disease progression or unacceptable toxicity.*

VI. Billing Code/Availability Information

HCPCS Code:

J9227 – Injection, isatuximab-irfc, 10 mg; 1 billable unit=10 mg

NDC(s):

- Sarclisa 100 mg/5 mL single-dose vial: 00024-0654-xx
- Sarclisa 500 mg/25 mL single-dose vial: 00024-0656-xx

VII. References (STANDARD)

1. Sarclisa [package insert]. Bridgewater, NJ; Sanofi-Aventis US, LLC; November 2023. Accessed March 2024.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for isatuximab-irfc. National Comprehensive Cancer Network, 2024. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed March 2024.
3. Attal M, Richardson PG, Rajkumar SV, et al; ICARIA-MM study group. Isatuximab plus pomalidomide and low-dose dexamethasone versus pomalidomide and low-dose dexamethasone in patients with relapsed and refractory multiple myeloma (ICARIA-MM): a randomised, multicentre, open-label, phase 3 study. Lancet. 2019 Dec 7;394(10214):2096-2107. doi: 10.1016/S0140-6736(19)32556-5. Epub 2019 Nov 14. Erratum in: Lancet. 2019 Dec 7;394(10214):2072.
4. Moreau P, Dimopoulos M, Yong K, et al. Isatuximab plus carfilzomib/dexamethasone versus carfilzomib/dexamethasone in patients with relapsed/refractory multiple myeloma: IKEMA Phase III study design. Future Oncol. 2020 Jan;16(2):4347-4358. doi: 10.2217/fon-2019-0431. Epub 2019 Dec 13.
5. Goldschmidt H, Mai EK, Bertsch U, et al. Addition of isatuximab to lenalidomide, bortezomib, and dexamethasone as induction therapy for newly diagnosed, transplantation-eligible patients with multiple myeloma (GMMG-HD7): part 1 of an open-label, multicentre, randomised, active-controlled, phase 3 trial. Lancet Haematol. 2022 Nov;9(11):e810-e821.

VIII. References (ENHANCED)

1e. Moreau P, Dimopoulos MA, Mikhael J, et al: Isatuximab plus carfilzomib and dexamethasone vs carfilzomib and dexamethasone in relapsed/refractory multiple myeloma (IKEMA): Interim analysis of a phase III, randomized, open-label study. EHA25 Virtual Congress. Abstract LB2603.

2e. Attal M, Richardson PG, Rajkumar SV, et al. Isatuximab plus pomalidomide and low-dose dexamethasone versus pomalidomide and low-dose dexamethasone in patients with relapsed and refractory multiple myeloma (ICARIA-MM): a randomised, multicentre, open-label, phase 3 study. The Lancet. 2019 Dec 7;394(10214):2096-107.

3e. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) Multiple Myeloma Version 3.2024. National Comprehensive Cancer Network, 2024. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the NCCN Guidelines, go online to NCCN.org. Accessed March 2024.

4e. Durie BGM, Hoering A, Abidi MH, et al. Bortezomib with lenalidomide and dexamethasone versus lenalidomide and dexamethasone alone in patients with newly diagnosed myeloma without intent for immediate autologous stem-cell transplant (SWOG S0777): a randomised, open-label, phase 3 trial. Lancet. 2017 Feb 4;389(10068):519-527.

5e. Zepeda VHJ, Duggan P, Neri PE, Bahlis NJ. Cyclophosphamide, Bortezomib and Dexamethasone (CyBORD) Is a Feasible and Active Regimen for Non-Transplant Eligible Multiple Myeloma Patients. Blood, 124(21), 5751.

6e. Sonneveld P, Schmidt-Wolf IG, van der Holt B, et al. Bortezomib induction and maintenance treatment in patients with newly diagnosed multiple myeloma: results of the randomized phase III HOVON-65/ GMMG-HD4 trial. J Clin Oncol. 2012 Aug 20;30(24):2946-55. doi: 10.1200/JCO.2011.39.6820.

7e. Prime Therapeutics Management. Sarclisa Clinical Literature Review Analysis. Last updated March 2024. Accessed March 2024.

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C90.00	Multiple myeloma not having achieved remission
C90.02	Multiple myeloma, in relapse
C90.10	Plasma cell leukemia not having achieved remission
C90.12	Plasma cell leukemia in relapse
C90.20	Extramedullary plasmacytoma not having achieved remission
C90.22	Extramedullary plasmacytoma in relapse
C90.30	Solitary plasmacytoma not having achieved remission
C90.32	Solitary plasmacytoma in relapse
Z85.79	Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC