

Sarclisa® (isatuximab-irfc) (Intravenous)

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I. Length of Authorization ^{5,7}

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

- Primary therapy in Multiple Myeloma for transplant candidates in combination with bortezomib, lenalidomide, dexamethasone can be authorized up to a maximum of 18 weeks of therapy (11 doses).
- Primary therapy in Multiple Myeloma for transplant candidates in combination with carfilzomib, lenalidomide, dexamethasone can be authorized up to a maximum of 40 weeks of therapy (22 doses).
- Maintenance therapy in Multiple Myeloma for transplant candidates in combination with lenalidomide and carfilzomib can be authorized for up to a maximum of 104 weeks (52 doses).

II. Dosing Limits

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

- 120 billable units weekly x 5 doses, then 720 billable units every 84 days

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; **AND**

Multiple Myeloma † ‡ Φ ¹⁻⁶

- Used as primary therapy for symptomatic disease; **AND**
 - Used in combination with bortezomib, lenalidomide, and dexamethasone; **OR**
 - Used in combination with carfilzomib, lenalidomide, and dexamethasone followed by maintenance therapy in combination with carfilzomib and lenalidomide (*transplant candidates ONLY*); **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); Ⓞ 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**
- Duration of authorization has not been exceeded (*refer to Section I*); **AND**
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe infusion-related reactions, severe infections, neutropenia, secondary primary malignancies, etc.

V. Dosage/Administration ^{1,5,7}

Indication	Dose
Multiple Myeloma	<p><u>Combination therapy with bortezomib, lenalidomide, and dexamethasone:</u></p> <p>Transplant Candidates</p> <ul style="list-style-type: none"> ▪ Administer 10 mg/kg of actual body weight given as an intravenous infusion: <ul style="list-style-type: none"> – 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) <p><i>*Each treatment cycle consists of a 42-day period.</i></p> <p>Non-Transplant Candidates</p> <ul style="list-style-type: none"> ▪ Administer 10 mg/kg of actual body weight given as an intravenous infusion: <ul style="list-style-type: none"> – Weekly Cycle 1 (five doses total; Days 1, 8, 15, 22, & 29) – Every two weeks Cycle 2 to 4 (three doses per cycle; Days 1, 15, & 29) <p><i>*Treatment cycles 1 to 4 consist of a 42-day period.</i></p> <ul style="list-style-type: none"> – Every two weeks Cycle 5 to 17 (two doses per cycle; Days 1 & 15) – Every four weeks Cycle 18 and beyond (one dose per cycle; Day 1) <p><i>*Treatment cycle 5 and beyond consists of a 28-day period. Treat until disease progression or unacceptable toxicity.</i></p> <p><u>Combination therapy with carfilzomib, lenalidomide, and dexamethasone:</u></p> <p>Transplant Candidates</p> <ul style="list-style-type: none"> ▪ Administer 10 mg/kg of actual body weight given as an intravenous infusion: <ul style="list-style-type: none"> ○ Induction (in combination with carfilzomib, lenalidomide, and dexamethasone):

	<ul style="list-style-type: none"> – Weekly Cycle 1 (four doses total; Days 1, 8, 15, & 22) – Every two weeks Cycle 2 to 6 (two doses per cycle; Days 1 & 15) ○ <i>Consolidation (in combination with carfilzomib, lenalidomide, and dexamethasone):</i> – Every two weeks Cycle 7 to 10 (two doses per cycle; Days 1 & 15) ○ <i>Maintenance (in combination with carfilzomib and lenalidomide):</i> – Every two weeks for 26 cycles until disease progression or unacceptable toxicity (two doses per cycle; Days 1 & 15) <p><i>*Each treatment cycle consists of a 28-day period.</i></p> <p><u>Combination therapy with pomalidomide and dexamethasone OR carfilzomib and dexamethasone:</u></p> <ul style="list-style-type: none"> ▪ Administer 10 mg/kg of actual body weight given as an intravenous infusion: <ul style="list-style-type: none"> – Weekly Cycle 1 (four doses total; Days 1, 8, 15, & 22) – Every two weeks Cycle 2 and beyond (two doses per cycle; Days 1 & 15) <p><i>*Each treatment cycle consists of a 28-day period. Treatment is repeated until disease progression or unacceptable toxicity.</i></p>
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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

1. Sarclisa [package insert]. Bridgewater, NJ; Sanofi-Aventis US, LLC; October 2024. Accessed April 2025.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for isatuximab-irfc. National Comprehensive Cancer Network, 2025. 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 April 2025.
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/fo-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.
6. Facon T, Dimopoulos MA, Leleu XP, et al; IMROZ Study Group. Isatuximab, Bortezomib, Lenalidomide, and Dexamethasone for Multiple Myeloma. *N Engl J Med.* 2024 Jun 3. doi: 10.1056/NEJMoa2400712. Epub ahead of print. PMID: 38832972.
7. Leyboldt LB, Tichy D, Besemer B, et al. Isatuximab, Carfilzomib, Lenalidomide, and Dexamethasone for the Treatment of High-Risk Newly Diagnosed Multiple Myeloma. *J Clin Oncol.* 2024 Jan 1;42(1):26-37. doi: 10.1200/JCO.23.01696. Epub 2023 Sep 27. PMID: 37753960; PMCID: PMC10730063.

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