IOWA Health and Human Services

Sarclisa (isatuximab-irfc)
PAM – 015

Iowa Medicaid Program	Prior Authorization	**Effective Date**	07/01/2021
Revision Number	5	**Last Reviewed**	07/18/2025
Reviewed By	Medicaid Medical Director	**Next Review**	07/17/2026
Approved By	Medicaid Clinical Advisory Committee	**Approved Date**	07/16/2021

Overview

Medication: [1]	isatuximab-irfc
Brand Name:	Sarclisa®
Pharmacologic Category:	CD38-directed cytolytic antibody; chimeric immunoglobulin G1 (IgG1) monoclonal antibody
FDA-Approved Indication(s):	1. In combination with pomalidomide and dexamethasone: treatment of adult patients with multiple myeloma who have received at least 2 prior therapies including lenalidomide and a proteasome inhibitor. 2. In combination with carfilzomib and dexamethasone: treatment of adult patients with relapsed or refractory multiple myeloma who have received 1 to 3 prior lines of therapy. 3. In combination with bortezomib, lenalidomide, and dexamethasone, for the treatment of adult patients with newly diagnosed multiple myeloma who are not eligible for autologous stem cell transplant. ▶ **NEW** indication (FDA-approved 9/20/2024)
How Supplied:	Single-dose vial, either 100 mg/5 mL or 500 mg/25 mL

Dosage and Administration:

- Serious infusion-related reactions including life-threatening anaphylactic reactions have occurred with treatment. Sarclisa® should be administered by a healthcare professional, with immediate access to emergency equipment and appropriate medical support to manage infusion-related reactions if they occur.
- Administered as an intravenous (IV) infusion at a dose of 10 mg/kg actual body weight according to the following tables:

Table 1: Sarclisa® in combination with either:
- pomalidomide and dexamethasone; or
- carfilzomib and dexamethasone

CYCLE	DOSING SCHEDULE
Cycle 1 (28-day cycle)	Days 1, 8, 15, 22 (weekly)
Cycle 2 and beyond (28-day cycles)	Days 1, 15 (every 2 weeks)

Table 2: Sarclisa® in combination with:
- bortezomib, lenalidomide, and dexamethasone

CYCLE	DOSING SCHEDULE
Cycle 1 (42-day cycle)	Days 1, 8, 15, 22, 29
Cycles 2 to 4 (42-day cycles)	Days 1, 15, 29 (every 2 weeks)
Cycles 5 to 17 (28-day cycles)	Days 1, 15 (every 2 weeks)
Cycles 18 and beyond (28-day cycles)	Day 1 (every 4 weeks)

- Treatment is repeated until disease progression or unacceptable toxicity.
- For dosing instructions of agents administered in combination with Sarclisa®, see manufacturer's prescribing information.

Benefit Category:	Medical

Descriptive Narrative

Multiple myeloma (MM) is a malignant hematological disorder characterized by the clonal proliferation of plasma cells producing a monoclonal immune-globulin. The plasma cells proliferate in the bone marrow and can result in extensive skeletal destruction with osteolytic lesions, osteopenia, and/or pathologic fractures. Most patients with MM present with signs or symptoms related to the infiltration of plasma cells into the bone or other organs or to kidney damage from immunoglobulin deposition. While the clinical presentation is usually subacute, a small percentage of patients present acutely with findings that require rapid attention and intervention (e.g., spinal cord compression, kidney failure, hyperviscosity).

The acronym "CRAB" is sometimes used to remember myeloma-defining events that are used in the diagnosis of MM: **c**alcium elevation; **r**enal insufficiency (kidney impairment); anemia; and bone disease. It is important to distinguish MM both from other causes of the clinical presentations above and from other plasma cell dyscrasias for the purposes of prognosis and treatment.

MM primarily affects older individuals, the median age at diagnosis is 65 to 74 years. It is slightly more frequent in men than in women (approximately 1.4:1), and while MM occurs in all races and geographic locations, the incidence varies by ethnicity. The incidence in African Americans and Black populations is two to three times that in White populations in studies from the United States and United Kingdom. In contrast, the risk is lower in the Japanese and Mexican populations.[2]

Data from the US Surveillance, Epidemiology, and End Results (SEER) registry estimates 36,110 new cases of MM and 12,030 deaths from MM in the United States in 2025 (representing 1.8 percent of all new cancer cases and 1.9 percent of all cancer deaths). This correlates with an annual incidence of 7.3 per 100,000 men and women per year, and an annual death rate of 2.9 per 100,000 men and women per year.[3]

Treatment alleviates symptoms, reverses cytopenias, and decreases end-organ damage, and it aims to achieve a sustained response, improve quality of life, and prolong overall survival (OS). While most patients with multiple myeloma will have an initial response to treatment, conventional therapy is not curative, and MM will ultimately relapse. In addition, a minority will have primary refractory disease that does not respond to initial treatment.[4]

Guidelines

The National Comprehensive Cancer Network (NCCN) publishes guidelines for the prevention, diagnosis, and management of malignancies across the

continuum of care. The NCCN Guidelines® are a comprehensive set of guidelines detailing the sequential management decisions and interventions that currently apply to 97 percent of cancers affecting patients in the United States. The guidelines are developed and updated by 61 individual panels, comprising over 1,700 clinicians and oncology researchers from the 33 NCCN Member Institutions.

Guidelines are reviewed and updated on a continual basis to ensure that the recommendations take into account the most current evidence. To view the most recent and complete version of the guidelines, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.[5,6]

The information referenced at the time of this policy writing/revision is from the NCCN Guidelines® for (note version number and effective date):[7]

- Multiple Myeloma (v.2.2025 – April 11, 2025)

NCCN Guidelines® Recommendation(s): Multiple Myeloma – PRIMARY THERAPY
(1) Primary Therapy for Transplant Candidates a. Other Recommended Regimens i. Isatuximab-irfc + bortezomib + lenalidomide + dexamethasone: Category 2A b. Useful in Certain Circumstances i. Isatuximab-irfc + carfilzomib + lenalidomide + dexamethasone: Category 2A
(2) Primary Therapy for Non-Transplant Candidates a. Preferred Regimens i. Isatuximab-irfc + bortezomib + lenalidomide + dexamethasone (for patients < 80 years old who are not frail): Category 1 b. Useful in Certain Circumstances i. Isatuximab-irfc + carfilzomib + lenalidomide + dexamethasone: Category 2B

NCCN Guidelines® Recommendation(s): Multiple Myeloma – PREVIOUSLY TREATED
(1) Preferred Regimens a. Bortezomib-Refractory i. Isatuximab-irfc + carfilzomib + dexamethasone: Category 1 ii. After 2 prior therapies including lenalidomide and a proteosome inhibitor (PI) 1. Isatuximab-irfc + pomalidomide + dexamethasone: Category 1 b. Lenalidomide-Refractory i. Isatuximab-irfc + carfilzomib + dexamethasone: Category 1 ii. After 2 prior therapies including lenalidomide and a proteosome inhibitor (PI) 1. Isatuximab-irfc + pomalidomide + dexamethasone: Category 1

NCCN Categories of Evidence and Consensus (all recommendations are category 2A unless otherwise indicated)	
Category 1	Based upon high-level evidence, there is uniform NCCN consensus that the intervention is appropriate.
Category 2A	Based upon lower-level evidence, there is uniform NCCN consensus that the intervention is appropriate.
Category 2B	Based upon lower-level evidence, there is NCCN consensus that the intervention is appropriate.
Category 3	Based upon any level of evidence, there is major NCCN disagreement that the intervention is appropriate.

NCCN Categories of Preference (all recommendations are considered appropriate)	
Preferred intervention	Interventions that are based on superior efficacy, safety, and evidence; and, when appropriate, affordability.
Other recommended intervention	Other interventions that may be somewhat less efficacious, more toxic, or based on less mature data; or significantly less affordable for similar outcomes.
Useful in certain circumstances	Other interventions that may be used for select patient populations (defined with recommendation).

Criteria

Prior authorization is required.

Sarclisa® is considered medically necessary when **ALL** of the following are met:

1. Diagnosis of multiple myeloma; **AND**
2. Member is 18 years of age or older; **AND**
3. Prescribed by, or in consultation with, an oncologist; **AND**
4. Sarclisa® is prescribed in one of the following ways (a, b, or c):
    a. In combination with pomalidomide and dexamethasone in a member who has received 2 prior therapies, including lenalidomide and a proteosome inhibitor; **OR**
    b. In combination with carfilzomib and dexamethasone in a member with relapsed or refractory disease who has received one to three prior lines of therapy; **OR**
    c. In combination with bortezomib, lenalidomide, and dexamethasone in a member newly diagnosed with multiple myeloma who (i or ii):
        i. Is NOT eligible for autologous stem cell transplant (ASCT); or,
        ii. IS a transplant candidate (NCCN 2A); **AND**
5. Request meets one of the following (a, b, or c):
    a. Sarclisa® is prescribed in combination with either (1) pomalidomide and dexamethasone, or (2) carfilzomib and dexamethasone, and:
        i. Regimen prescribed does not exceed 10 mg/kg per dose as follows:
            1. Cycle 1 (28-day cycle): Days 1, 8, 15, 22 (weekly); then
            2. Cycle 2 and beyond (28-day cycles): Days 1, 15 (every 2 weeks); **OR**
    b. Sarclisa® is prescribed in combination with bortezomib, lenalidomide, and dexamethasone, and:
        i. Regimen prescribed does not exceed 10 mg/kg per dose as follows:
            1. Cycle 1 (42-day cycle): Days 1, 8, 15, 22, 29; then
            2. Cycles 2 to 4 (42-day cycles): Days 1, 15, 29 (every 2 weeks); then
            3. Cycles 5 to 17 (28-day cycles): Days 1, 15 (every 2 weeks); then
            4. Cycle 18 and beyond (28-day cycle): Day 1 (every 4 weeks); **OR**
    c. Regimen is supported by clinical practice guidelines (i.e., must be recommended in NCCN Guidelines®). Supporting clinical documentation must be provided with any request for which regimen prescribed does not align with FDA-approved labeling.

Sarclisa® is considered medically necessary for continuation of therapy when **ALL** of the following are met:

1. Member is currently receiving medication through the Iowa Medicaid benefit or has previously met initial approval criteria; **AND**
2. Documentation of positive clinical response to therapy, as demonstrated by tumor response or lack of disease progression, and an acceptable toxicity profile; **AND**
3. Prescribed by, or in consultation with, an oncologist; **AND**
4. Request meets one of the following (a, b, or c):
    a. Sarclisa® is prescribed in combination with either (1) pomalidomide and dexamethasone, or (2) carfilzomib and dexamethasone, and:
        i. Regimen prescribed does not exceed 10 mg/kg per dose given on Days 1 and 15 of a **28-day cycle** (every 2 weeks); or,
    b. Sarclisa® is prescribed in combination with bortezomib, lenalidomide, and dexamethasone, and:
        i. Regimen prescribed does not exceed 10 mg/kg per dose as follows:
            1. Cycles 2 to 4 (**42-day cycle**): Days 1, 15, 29 (every 2 weeks); or
            2. Cycles 5 to 17 (**28-day cycle**): Days 1, 15 (every 2 weeks); or
            3. Cycle 18 and beyond (**28-day cycle**): Day 1 (every 4 weeks); **OR**
    c. Regimen is supported by clinical practice guidelines (i.e., must be recommended in NCCN Guidelines®). Supporting clinical documentation must be provided with any request for which regimen prescribed does not align with FDA-approved labeling.

Approval Duration and Quantity Limits

	Sarclisa® + (pomalidomide or carfilzomib) + dexamethasone		**Sarclisa® + bortezomib + lenalidomide + dexamethasone**	
Initial Authorization – Approval Duration	6 months		6 months	
– Quantity Limits	Dose: 10 mg/kg	Cycle Length: **28 days**	Dose: 10 mg/kg	Cycle Length: **42 days**
	Cycle 1: Days 1, 8, 15, 22 (weekly)		Cycle 1: Days 1, 8, 15, 22, 29	
	Cycles 2+: Days 1, 15 (every 2 weeks)		Cycles 2–4: Days 1, 15, 29 (every 2 weeks)	
Subsequent Auth. – Approval Duration	12 months		12 months	
– Quantity Limits	Dose: 10 mg/kg	Cycle Length: **28 days**	Dose: 10 mg/kg	Cycle Length: **28 days**
	Days 1, 15 every 2 weeks		Cycles 5–17: Days 1, 15 (every 2 weeks)	
			Cycles 18+: Day 1 (every 4 weeks)	

Treatment to be repeated until disease progression or unacceptable toxicity.

Coding and Product Information

The following list(s) of codes and product information are provided for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment, nor does the exclusion of a code imply that its association to the HCPCS code is inappropriate.

HCPCS	Description
J9227	Injection, isatuximab-irfc, 10 mg

ICD-10	Description
C90.0	Multiple myeloma
C90.00	Multiple myeloma not having achieved remission
C90.01	Multiple myeloma in remission
C90.02	Multiple myeloma in relapse

NDC (Strength)	Labeler	Dosage	Pkg Size	Pkg Qty	Units/ Pkg
00024-0654-01 (single-dose vial, 100 mg/5 mL [20 mg/mL])	sanofi-aventis U.S. LLC (00024)	10 mg	1	EA	10
00024-0656-01 (single-dose vial, 500 mg/25 mL [20 mg/mL])	sanofi-aventis U.S. LLC (00024)	10 mg	1	EA	50

Compliance

1. Should conflict exist between the policy and applicable statute, the applicable statute shall supersede.
2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual or as-needed basis.

Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. Medical necessity guidelines are developed for selected physician-administered medications found to be safe and proven to be effective in a limited, defined population or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

References

[1] Sarclisa® prescribing information (10/2024). sanofi-aventis U.S. LLC: Bridgewater, NJ. Available online: www.sarclisahcp.com. Accessed June 9, 2025.

[2] Laubach JP. Multiple myeloma: Clinical features, laboratory manifestations, and diagnosis. Connor RF, ed. UpToDate. Waltham, MA. UpToDate Inc. www.uptodate.com. Accessed June 9, 2025.

[3] SEER Cancer Stat Facts: Myeloma. National Cancer Institute. Bethesda, MD. Available online at seer.cancer.gov/statfacts/html/mulmy.html. Accessed June 9, 2025.

[4] Laubach JP. Multiple myeloma: Overview of management. Connor RF, ed. UpToDate. Waltham, MA. UpToDate Inc. www.uptodate.com. Accessed June 9, 2025.

[5] National Comprehensive Cancer Network (NCCN). Guidelines Process: About Clinical Practice Guidelines. Available online at www.nccn.org. Accessed July 29, 2024.

[6] National Comprehensive Cancer Network (NCCN). Guidelines Process: Development and Update of Guidelines. Available online at www.nccn.org. Accessed July 29, 2024.

[7] NCCN Clinical Practice Guidelines in Oncology. The NCCN Guidelines® are a work in progress that may be refined as often as new significant data becomes available. To view the most recent and complete version, go online to NCCN.org. NCCN Guidelines® referenced (note version number and effective date):

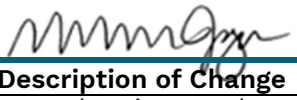
- Multiple Myeloma (v.2.2025 – April 11, 2025)

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

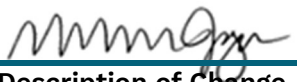
Criteria Change History

Change Date	Changed By	Description of Change	Version
[mm/dd/yyyy]	CAC		
Signature			

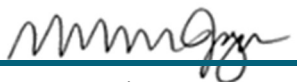
Change Date	Changed By	Description of Change	Version
[mm/dd/yyyy]	CAC		
Signature			

Change Date	Changed By	Description of Change	Version
07/18/2025	CAC	Annual review. Updated Overview Table, Criteria, and Approval Duration/Quantity Limits sections to accommodate new indication for Sarclisa® in combination with bortezomib, lenalidomide, and dexamethasone, for the treatment of adult patients with newly diagnosed multiple myeloma who are not eligible for autologous stem cell transplant (FDA-approved 9/20/2024). Updated NCCN Guidelines and references.	5
Signature			
William (Bill) Jagiello, DO			

Change Date	Changed By	Description of Change	Version
07/19/2024	CAC	Annual review. Updated Overview table to include warnings regarding infusion-related reactions. Updated Descriptive Narrative and Guidelines sections. Added dosing information into criteria. Added to criteria: off-label use (NCCN 2A) in combination with lenalidomide, bortezomib, and dexamethasone, for primary therapy in transplant candidates. Updated references.	4
Signature			
William (Bill) Jagiello, DO			

Change Date	Changed By	Description of Change	Version
07/21/2023	CAC	Annual review. Updated NCCN recommendations.	3
Signature			
William (Bill) Jagiello, DO			

Change Date	Changed By	Description of Change	Version
07/15/2022	CAC	Updated Descriptive Narrative with multiple myeloma disease information and 2022 estimates for disease incidence. Updated Guidelines section (NCCN recommends Sarclisa® (with carfilzomib and dexamethasone) as a **Category 1**, **Preferred** treatment option for relapsed or refractory multiple myeloma after 1 to 3 prior therapies (previously category 2A, "other recommended regimen").	2
Signature			
William (Bill) Jagiello, DO			

Change Date	Changed By	Description of Change	Version
07/16/2021	CAC	Criteria implementation.	1
Signature			
William (Bill) Jagiello, DO			

CAC = Medicaid Clinical Advisory Committee