STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

Sarclisa (isatuximab-irfc)
PAM–015

Iowa Medicaid Program:	Prior Authorization	**Effective Date:**	07/01/2021
Revision Number:	4	**Last Rev Date:**	07/19/2024
Reviewed By:	Medicaid Medical Director	**Next Rev Date:**	07/18/2025
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.
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. • Sarclisa® is administered as an intravenous (IV) infusion, either: 1. In combination with pomalidomide and dexamethasone; or 2. In combination with carfilzomib and dexamethasone. • For dosing instructions of combination agents administered with Sarclisa®, see manufacturer's prescribing information. • For Sarclisa® dosing and schedule, follow the table below:

Cycle	Schedule (28-day treatment cycle)	Sarclisa® Dose
Cycle 1	Days 1, 8, 15, and 22 (weekly)	10 mg/kg
Cycle 2 and beyond	Days 1 and 15 (every 2 weeks)	10 mg/kg

	• Each treatment cycle consists of a 28-day period. Treatment is repeated until disease progression or unacceptable toxicity.
Benefit Category:	Medical

Descriptive Narrative

Multiple myeloma (MM) is a malignant hematological disorder characterized by the clonal proliferation of plasma cells producing a monoclonal immunoglobulin. 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 35,780 new cases of MM and 12,540 deaths from MM in the United States in 2024 (representing 1.8 percent of all new cancer cases and 2 percent of all cancer deaths). This correlates with an annual incidence of approximately 7 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

As new and emerging therapies are rapidly coming to market, oncology treatment recommendations and guidelines are constantly changing. To keep up with these changes, the National Comprehensive Cancer Network (NCCN) publishes guidelines which are developed and updated by 60 individual panels, comprising over 1,660 clinicians and oncology researchers from the 31 NCCN Member Institutions.[5]

The NCCN Clinical Practice Guidelines in Oncology (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 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.

The information referenced at the time of this policy writing/revision is from:

- NCCN Guidelines® for Multiple Myeloma (Version 4.2024 – April 26, 2024)[6]

NCCN Guidelines® recommendation(s) for isatuximab-irfc (Sarclisa®) in Multiple Myeloma
(1) Primary therapy for transplant candidates A. Isatuximab-irfc + lenalidomide + bortezomib + dexamethasone: Category 2A, useful in certain circumstances

NCCN Guidelines® recommendation(s) for isatuximab-irfc (Sarclisa®) in Multiple Myeloma
(1) Therapy for Previously Treated Multiple Myeloma (Relapsed-refractory after 1 – 3 prior therapies) [a, b, c] A. Bortezomib-Refractory [d] i. Isatuximab-irfc + carfilzomib + dexamethasone: Category 1, preferred ii. After two prior therapies including lenalidomide and a PI 1. Isatuximab-irfc + pomalidomide + dexamethasone: Category 1, preferred B. Lenalidomide-Refractory [d] i. Isatuximab-irfc + carfilzomib + dexamethasone: Category 1, preferred ii. After two prior therapies including lenalidomide and a PI 1. Isatuximab-irfc + pomalidomide + dexamethasone: Category 1, preferred a Regimens included under 1–3 prior therapies can also be used later in the disease course. Attempt should be made to use drugs/drug classes the patients have not been exposed to or exposed to >1 line prior. b Autologous HCT should be considered in patients who are eligible and have not previously received HCT or had a prolonged response to initial HCT. c If relapse occurs >6 months after stopping treatment, the primary regimen could be considered. d Regimens without anti-CD38 should be considered for those refractory to anti-CD38 antibody as long as they have not received or are refractory to other agents in the regimen.

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. In combination with pomalidomide and dexamethasone, after 2 prior therapies including lenalidomide and a proteosome inhibitor (e.g., bortezomib, carfilzomib, or ixazomib); ‡ **OR**
    b. In combination with carfilzomib and dexamethasone, for relapsed or refractory disease after receiving one to three prior lines of therapy;‡ **OR**
    c. In combination with lenalidomide, bortezomib, and dexamethasone, for primary therapy in transplant candidates (NCCN 2A); ‡ **AND**
5. Request meets one of the following (a or b):
    a. Regimen prescribed does not exceed 10 mg/kg once weekly for 4 doses, then 10 mg/kg every 2 weeks thereafter; **OR**
    b. 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 or b):
    a. Regimen prescribed does not exceed 10 mg/kg every 2 weeks; **OR**
    b. 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.

‡ Ixazomib, lenalidomide, and pomalidomide may require a separate pharmacy prior authorization. See Iowa Medicaid Preferred Drug List (PDL) for details.

Approval Duration and Quantity Limits

	Initial Authorization	Subsequent Authorization(s)
Approval Duration	6 months	12 months
Quantity Limits	Cycle 1: 10 mg/kg weekly for 4 weeks Cycle 2 and beyond: 10 mg/kg every 2 weeks	10 mg/kg every 2 weeks

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 (100 mg/5 mL)	sanofi-aventis U.S. LLC (00024)	10 mg	1	EA	10
00024-0656-01 (500 mg/25 mL)	sanofi-aventis U.S. LLC (00024)	10 mg	1	EA	50

Compliance

1. Should conflict exist between this 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 (11/2023). sanofi-aventis U.S. LLC: Bridgewater, NJ. Available online at www.sarclisahcp.com. Accessed June 1, 2024.

[2] Laubach JP. Multiple myeloma: Clinical features, laboratory manifestations, and diagnosis. Connor RF, ed. UpToDate. Waltham, MA: UpToDate Inc. www.uptodate.com. Accessed June 3, 2024.

[3] SEER Cancer Stat Facts: Myeloma. National Cancer Institute. Bethesda, MD. Available online at seer.cancer.gov/statfacts/html/mulmy.html. Accessed June 3, 2024.

[4] Laubach JP. Multiple myeloma: Overview of management. Connor RF, ed. UpToDate. Waltham, MA: UpToDate Inc. www.uptodate.com. Accessed June 3, 2024.

[5] National Comprehensive Cancer Network (NCCN). Development and Update of Guidelines. Available online at www.nccn.org. Accessed October 11, 2023.

[6] Referenced from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Multiple Myeloma v. 4.2024 – April 26, 2024. Accessed June 8, 2024. 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 of the guideline, go online to NCCN.org.

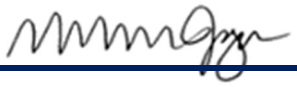
Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published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

Criteria Change History

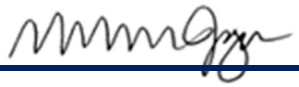
Change Date	Changed By	Description of Change	Version
[mm/dd/yyyy]	CAC		
Signature			

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

Change Date	Changed By	Description of Change	Version
07/19/2024	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			

Criteria Change History *(continued)*

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