

Sarclisa[®] (isatuximab-irfc) (Intravenous)

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I. Length of Authorization

Coverage will be provided for 6 months and may be renewed.

II. Dosing Limits

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

- Cycle 1, every week x 4 doses, followed by Cycle 2, and beyond, every 2 weeks
 - Sarclisa 100 mg/5 mL single-dose vial for injection: 4 vials per dose
 - Sarclisa 500 mg/25 mL single dose vial for injection: 2 vials per dose

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

- Cycle 1 every week x 4 doses, followed by Cycle 2, and beyond, every 2 weeks
 - 1100 mg per dose

III. Initial Approval Criteria ^{1,2,3}

Coverage is provided in the following conditions:

- Patient is 18 years or older; **AND**
- Patient is not refractory to previous treatment with anti-CD38 therapy (i.e., daratumumab, etc.) [*Note: refractory is defined as progression on or within 60 days after the end of prior anti-CD38 treatment OR failure to achieve at least minimum response to treatment*]; **AND**

Multiple myeloma † Φ

- Used in combination with pomalidomide and dexamethasone after at least two prior therapies including an immunomodulatory agent (i.e., lenalidomide, etc.) and a proteasome inhibitor (e.g., bortezomib, carfilzomib, ixazomib, etc.)

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

IV. Renewal Criteria ¹

Coverage can be renewed based upon the following criteria:

- Patient continues to meet 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 or tumor spread; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe infusion reactions including anaphylactic reactions, neutropenia, secondary primary malignancies, etc.

V. Dosage/Administration

Indication	Dose
Multiple Myeloma	<p><u>Combination therapy with pomalidomide and dexamethasone:</u></p> <ul style="list-style-type: none"> ▪ 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 Cycles 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>

VI. Billing Code/Availability Information

HCPCS code:

- J9999 – Not otherwise classified, antineoplastic drugs
- C9399 – Unclassified drugs or biologicals (*hospital outpatient use only*)

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; March 2020. Accessed April 2020.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for isatuximab. National Comprehensive Cancer Network, 2020. 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 2020.
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.

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)

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 Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at:

<http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered 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, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.

Medicare Part B Administrative Contractor (MAC) Jurisdictions

Jurisdiction	Applicable State/US Territory	Contractor
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC