Medical Policy

Healthcare Services Department

Policy Name	Policy Number	Scope
Isatuximab-irfc (Sarclisa®)	MP-RX-FP-81-23	☒ MMM MA ☒ MMM Multihealth

Service Category

☐ Anesthesia
☐ Surgery
☐ Radiology Procedures
☐ Pathology and Laboratory Procedures
☐ Medicine Services and Procedures
☐ Evaluation and Management Services
☐ DME/Prosthetics or Supplies
☒ Part B DRUG

Service Description

This document addresses the use of Sarclisa® (isatuximab-irfc), a human anti-CD38 monoclonal antibody approved by the FDA for treatment of certain patients with Multiple Myeloma.

Background Information

Sarclisa is approved for the treatment of adult patients with multiple myeloma who have received at least two prior therapies including lenalidomide and a proteasome inhibitor; and is approved for use in combination with pomalidomide and dexamethasone. Additionally, Sarclisa is approved in combination with carfilzomib and dexamethasone for the treatment of relapsed or refractory multiple myeloma in patients who have received one to three prior lines of therapy. Sarclisa is also indicated in combination with bortezomib, lenalidomide, and dexamethasone for newly diagnosed multiple myeloma patients who are not eligible for autologous stem cell transplant (ASCT). Like Darzalex (daratumumab), which is approved for similar uses, Sarclisa's indications are supported by the National Comprehensive Cancer Network® (NCCN) recommendations, aligning with its FDA-approved uses.

Definitions and Measures

- Line of Therapy:
  - First-line therapy: The first or primary treatment for the diagnosis, which may include surgery, chemotherapy, radiation therapy or a combination of these therapies.
  - Second-line therapy:Treatment given when initial treatment (first-line therapy) is not effective or there is disease progression.
  - Third-line therapy:Treatment given when both initial (first-line therapy) and subsequent treatment (second-line therapy) are not effective or there is disease progression.
- Multiple myeloma: A type of cancer that begins in plasma cells (white blood cells that produce antibodies).
- Proteasome inhibitors: A class of drugs used to treat multiple myeloma that work by blocking the action of proteasomes which are cellular complexes that break down proteins. Examples include bortezomib, carfilzomib and ixazomib.
- Refractory Disease: Illness or disease that does not respond to treatment.

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- Relapse or recurrence: After a period of improvement, during which time a disease (for example, cancer) could not be detected, the return of signs and symptoms of illness or disease. For cancer, it may come back to the same place as the original (primary) tumor or to another place in the body.

Approved Indications

See Background section above.

Other Uses

See Background section above.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS	Description
J9227	Injection, isatuximab-irfc, 10 mg (Effective 10/1/2020

ICD-10	Description
C90.00-C90.02	Multiple myeloma

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Medical Necessity Guidelines

When a drug is being reviewed for coverage under a member's medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

isatuximab-irfc (Sarclisa®)

i. **Criteria For Initial Approval** (*Provider must submit documentation [such as office chart notes, lab results, pathology reports, imaging studies, and any other pertinent clinical information] supporting the patient's diagnosis for the drug and confirming that the patient has met **all** approval criteria.)*

i. Individual has a diagnosis of multiple myeloma; **AND**
ii. Individual has relapsed or refractory disease following treatment with at least two prior lines of therapy including lenalidomide and a proteasome inhibitor (for example, bortezomib, carfilzomib, or ixazomib); **AND**
iii. Sarclisa is used in combination with pomalidomide and dexamethasone (Label, NCCN 1);

OR

iv. Individual has a diagnosis of multiple myeloma; **AND**
v. Sarclisa is used in combination with carfilzomib and dexamethasone; **AND**
vi. Individual has relapsed or refractory disease following treatment with one to three prior lines of therapy (Label, NCCN 1);

OR

vii. Individual has a diagnosis of multiple myeloma; **AND**
viii. Individual is using as primary therapy; **AND**
ix. Individual is eligible for stem cell transplant; **AND**
x. Sarclisa is used in combination with bortezomib, lenalidomide, and dexamethasone (NCCN 2A).

OR

xi. Individual has a **new** diagnosis of multiple myeloma; **AND**
xii. Individual is **NOT** eligible for autologous stem cell transplant (ASCT); **AND**
xiii. Sarclisa is used in combination with bortezomib, lenalidomide, and dexamethasone (Label).

ii. **Criteria For Continuation of Therapy**

i. MMM considers continuation of *isatuximab-irfc (Sarclisa®)* therapy medically necessary in members requesting reauthorization for an indication listed in Section A above (Criteria for Initial Approval) when there is no evidence of an unacceptable toxicity or disease progression while on the current regimen, and the recommended duration of therapy has not been exceeded. The following information should be submitted for reauthorization:

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A. A current oncology note documenting the patient's response to treatment showing no progression of disease.
B. Current imaging studies and other objective measures, as appropriate for condition, showing no progression of disease when compared with previous results.

iii. **Authorization Duration**
   i. Initial Approval Duration: Up to 6 months
   ii. Reauthorization Approval Duration: Up to 6 months

iv. **Conditions Not Covered**

Any other use is considered experimental, investigational, or unproven, including the following (this list may not be all inclusive):

i. Requests for Sarclisa (isatuximab-irfc) may not be approved when the above criteria are not met and for all other indications.

Limits or Restrictions

A. Quantity Limitations

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines. The chart below includes dosing recommendations as per the FDA-approved prescribing information.

Dosage	Combination Agents	Cycles and Dosing schedule	Treatment Duration
10 mg/kg IV	In combination with pomalidomide and dexamethasone; OR in combination with carfilzomib and dexamethasone	1. Cycle 1 (28 days): days 1, 8, 15, and 22 (weekly) 2. Cycle 2 and beyond (28 days/cycle): days 1 and 15 (every 2 weeks).	Until disease progression or unacceptable toxicity.
	In combination with bortezomib, lenalidomide, and dexamethasone	1. Cycle 1 (42 days): days 1, 8, 15, 22, and 29 2. Cycle 2 to 4 (42 days/cycle): days 1, 15, and 29 (every 2 weeks) 3. Cycle 5 to 17 (28 days/cycle): days 1 and 15 (every 2 weeks)	Until disease progression or unacceptable toxicity

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		4. Cycles 18 and beyond (28 days/cycle): day 1 (every 4 weeks)	

Exceptions

- Periodically monitor complete blood cell counts throughout treatment. For patients with neutropenia, watch for signs of infection.
    - Dose delays of Sarclisa and the use of colony-stimulating factors may be necessary to support neutrophil count recovery.

Reference Information

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: January 17, 2023.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2023; Updated periodically.
4. NCCN Clinical Practice Guidelines in Oncology™. © 2023 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: http://www.nccn.org/index.asp. Accessed January 17, 2023.
    a. Multiple Myeloma. V5.2022. Revised March 9, 2022.

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Policy History

Revision Type	Summary of Changes	P&T Approval Date	MPCC Approval Date
Annual Review	Remove language excluding prior use of anti-CD38 agents. Add use as primary therapy in combination with bortezomib, lenalidomide, and dexamethasone per NCCN. Update statement for criteria for initial approval to include new indication of patients with newly diagnosed multiple myeloma who are not eligible for autologous stem cell transplant (ASCT). Update dosing table to include combination agents schedules. Coding Reviewed: No changes.	11/18/2024	12/17/2024
Select Review	Update statement for criteria for initial approval: Provider must submit documentation [such as office chart notes, lab results, pathology reports, imaging studies, and any other pertinent clinical information] supporting the patient's diagnosis for the drug and confirming that the patient has met all approval criteria.	3/25/2024	5/9/2024
Policy Inception	Elevance Health's Medical Policy adoption.	N/A	11/30/2023

Revised: 11/04/2024.