

SARCLISA[®] (isatuximab-irfc)

Billing and Coding Guide

Your guide to access and reimbursement

The information provided in this reimbursement guide is valid as of December 2023 and is subject to change.

Please see **Important Safety Information** throughout and accompanying full **Prescribing Information**.

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Introduction

This guide provides billing, coding, and reimbursement information for SARCLISA. It also includes sample forms, a list of specialty distributors and wholesalers, and information about patient support and reimbursement.

Please note:

- While the information in this guide is current as of the date of publication, it is subject to change without notice
- This guide is provided for informational purposes only and does not constitute legal or reimbursement advice, nor does it promise or guarantee coverage, levels of reimbursement, payment, or charge. It is not intended to substitute for the physician's independent diagnosis or treatment of each patient. The information contained herein is gathered from various resources and is subject to change. Providers are solely responsible for the accuracy of all coding and claims submitted for reimbursement to any third-party payer. Sanofi provides no guarantee that codes will be appropriate or that reimbursement will be made. Please consult the payer organization for reimbursement, billing, and coding guidance

Indication

SARCLISA (isatuximab-irfc) is indicated:

- In combination with pomalidomide and dexamethasone, for the treatment of adult patients with multiple myeloma who have received at least 2 prior therapies including lenalidomide and a proteasome inhibitor
- In combination with carfilzomib and dexamethasone, for the treatment of adult patients with relapsed or refractory multiple myeloma who have received 1 to 3 prior lines of therapy

Important Safety Information

CONTRAINDICATIONS

SARCLISA is contraindicated in patients with severe hypersensitivity to isatuximab-irfc or to any of its excipients.



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Please see additional Important Safety Information throughout and accompanying full [Prescribing Information](#).

Billing and coding^a

The billing and coding information is for your reference only and is subject to change. Please be sure to consult your organization for reimbursement, billing, and coding guidance.

NDC numbers ¹		
10-digit NDC	11-digit NDC ^b	Description
0024-0654-01	00024-0654-01	 100 mg/5 mL single-dose vial
0024-0656-01	00024-0656-01	 500 mg/25 mL single-dose vial

NDC=National Drug Code.

^aThese codes are not intended to encourage or suggest a use of drug that is inconsistent with FDA-approved use. The codes are not intended to be exhaustive and additional codes may apply. Payer policies for billing and coding vary. Consult your payers for guidance.

^bPayer requirements for 10- or 11-digit NDC use and format may vary. Please verify requirements prior to use.

ICD-10-CM diagnosis codes ²	
Code	Description
C90.0X	Multiple myeloma
→ C90.00	Multiple myeloma not having achieved remission
→ C90.01	Multiple myeloma in remission
→ C90.02	Multiple myeloma in relapse

HCPCS code ³			
HCPCS code	Description	HCPCS code dosage (billing units)	Example
J9227	Injection, isatuximab-irfc, 10 mg	10 mg = 1 unit	100-mg vial = 10 units 500-mg vial = 50 units

HCPCS=Healthcare Common Procedure Coding System.

JW modifier: Providers and suppliers are required to report the JW modifier on Part B drug claims for discarded drugs and biologicals. Also, providers and suppliers must document the amount of discarded drugs or biologicals in Medicare beneficiaries' medical records.

CPT [®] codes ⁴	
Code	Description
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug
96415	Chemotherapy administration, intravenous infusion technique; each additional hour (list separately in addition to code for primary procedure)

CPT=Current Procedural Terminology.

Revenue codes (for hospital outpatient departments) ⁵	
Code	Description
0260	IV therapy
0636	Drugs requiring detailed coding

Important Safety Information WARNINGS AND PRECAUTIONS Infusion-Related Reactions

Serious infusion-related reactions (IRRs), including life-threatening anaphylactic reactions, have occurred with SARCLISA treatment. Severe signs and symptoms include cardiac arrest, hypertension, hypotension, bronchospasm, dyspnea, angioedema, and swelling.

Please see additional Important Safety Information throughout and accompanying full [Prescribing Information](#).



CMS sample forms

This Centers for Medicare & Medicaid Services (CMS) sample form is provided as an example. This CMS-1500 form is commonly used for billing for prescribed medications administered in healthcare provider (physician) offices.

The notes below provide information about how to populate the essential fields that health plans require for reimbursement. **(For medication administered in hospital outpatient settings, please see pages 8 and 9.)**

This sample claim form is intended for use only as a reference. Reimbursement codes are subject to continual change. Please confirm the accuracy of the codes you use to bill for the prescribed medications with each payer.

Item 21

Enter the appropriate ICD-10-CM diagnosis codes for multiple myeloma

Item 24A

Enter the date of service for each procedure, service, or supply. Include NDC information, if required, in the shaded areas above each date

Item 24D

Enter J-code J9227 and appropriate CPT codes and modifiers for procedures, services, and supplies. Enter the specific procedure code without a description. If you need to report an "unlisted procedure" code or a "not otherwise classified" (NOC) code, include a detailed description in Box 19

Item 24E

Enter the diagnosis code reference letter or number from Box 21 that relates to the date of service and the services or procedures performed that are entered on that same line under 24D

Item 24G

Enter the appropriate number of billing units based on the HCPCS code dosage of 10 mg. For example, 10 mg = 1 billing unit; so for a patient with MM weighing 85 kg, the dose would be 850 mg → 85 units.

JW modifier: 850 mg dose would require one 500-mg and four 100-mg vials, for a total of 900 mg, resulting in 50 mg wastage. 50 mg = 5 billing units.

Important Safety Information

WARNINGS AND PRECAUTIONS

Infusion-Related Reactions (cont'd)

Based on ICARIA-MM, IRRs occurred in 38% of patients treated with SARCLISA, pomalidomide, and dexamethasone (Isa-Pd). All IRRs started during the first SARCLISA infusion and resolved on the same day in 98% of the cases.

In IKEMA, infusion-related reactions occurred in 46% of patients treated with SARCLISA, carfilzomib, and dexamethasone (Isa-Kd). In the Isa-Kd arm, the infusion-related reactions occurred on the infusion day in 99% of episodes. In patients treated with Isa-Kd, 95% of those experiencing an infusion-related reaction experienced it during the first cycle of treatment. All infusion-related reactions resolved: within the same day in 74% of episodes, and the day after in 24% of episodes.

Please see additional Important Safety Information throughout and accompanying full [Prescribing Information](#).

CMS-1500 sample⁶ Physician office form

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK (LUNG) OTHER 1a. INSURED'S ID. NUMBER (For Program in Item 1) **123456789**

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) **Doe, John** 3. PATIENT'S BIRTH DATE (MM | DD | YY) **03 | 09 | 49** SEX M F 4. INSURED'S NAME (Last Name, First Name, Middle Initial) **Doe, John**

5. PATIENT'S ADDRESS (No., Street) **123 Main St.** 6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other 7. INSURED'S ADDRESS (No., Street)

8. RESERVED FOR NUCC USE 8. RESERVED FOR NUCC USE CITY STATE CITY STATE

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO: 11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER a. EMPLOYMENT? (Current or Previous) YES NO a. INSURED'S DATE OF BIRTH (MM | DD | YY) SEX M F

b. RESERVED FOR NUCC USE b. AUTO ACCIDENT? YES NO PLACE (State) b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE c. OTHER ACCIDENT? YES NO c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME 10d. CLAIM CODES (Designated by NUCC) d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes, complete items 9, 9a, and 9d.*

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED DATE SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) 15. OTHER DATE 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. 17b. NPI 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 20. OUTSIDE LAB? YES NO \$ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY - Relate A-L to service line below (24E) ICD Ind. A. **L C90.02** B. C. D. 22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	E. DIAGNOSIS	F. \$ CHARGES	G. DAILY OR SPOT Family Plan	H. ID. QUAL.	I. RENDERING PROVIDER ID. #	J.
10 01 20	10 01 20		J9227	A	85		NPI		
10 01 20	10 01 20		J9227 JW	A	5		NPI		
10 01 20	10 01 20		96413	A	1		NPI		
10 01 20	10 01 20		96415	A			NPI		

25. FEDERAL TAX ID. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (For gov. claims, see back) YES NO 28. TOTAL CHARGE \$ 29. AMOUNT PAID \$ 30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PH # ()

SIGNED DATE a. NPI b. NPI

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

CMS sample forms (cont'd)

The CMS UB-04 form is used for billing for prescribed medications administered in hospital outpatient settings. The notes below provide information about how to populate the essential fields that health plans require for reimbursement.

This sample claim form is intended for use only as a reference. Reimbursement codes are subject to continual change. Please confirm the accuracy of the codes you use to bill for the prescribed medications with each payer.

Form Locator (FL) 42

Enter the 4-digit revenue code that best describes the service provided, in accordance with hospital billing policy

FL 43

Enter the description of service (eg, IV therapy)

FL 44

Enter J-code J9227 and appropriate CPT codes

FL 46

Enter the appropriate number of service based on the HCPCS code dosage of 10 mg. For example, 10 mg = 1 billing unit; for a patient with MM weighing 85 kg, the dose would be 850 mg → 85 units.

JW modifier: 850 mg dose would require one 500-mg and four 100-mg vials, for a total of 900 mg, resulting in 50 mg wastage. 50 mg = 5 billing units.

FL 66

Enter the appropriate ICD-10-CM diagnosis codes for multiple myeloma being treated

Important Safety Information

WARNINGS AND PRECAUTIONS

Infusion-Related Reactions (cont'd)

The most common symptoms (≥5%) of an infusion-related reaction in ICARIA-MM and IKEMA (N=329) included dyspnea, cough, nasal congestion, and nausea. Anaphylactic reactions occurred in less than 1% of patients. To decrease the risk and severity of IRRs, premedicate patients prior to SARCLISA infusion with acetaminophen, H₂ antagonists, diphenhydramine or equivalent, and dexamethasone.

Please see additional Important Safety Information throughout and accompanying full [Prescribing Information](#).

CMS-1450 (UB-04) sample⁷ Hospital outpatient form

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0636	SARCLISA (isatuximab-irfc)	J9227		85			1
0636	SARCLISA (isatuximab-irfc)	J9227	JW	5			2
0260	IV therapy	96413		1			3
0260	IV therapy	96415		4			4

Dose and infusion times for SARCLISA

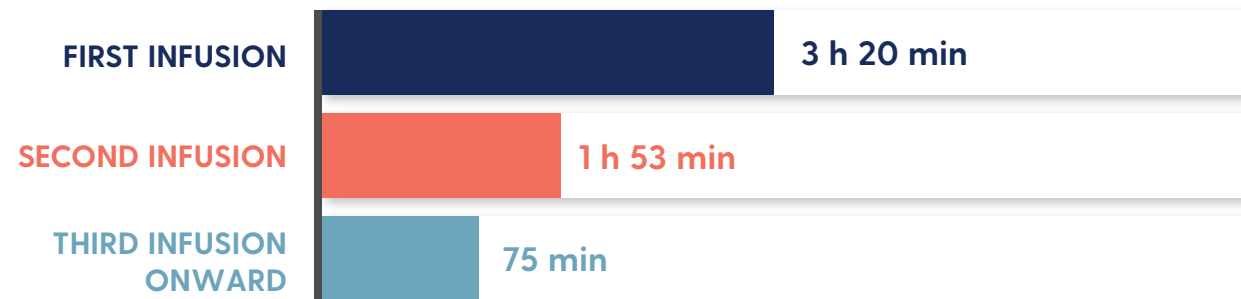
Recommended dose¹

- 10 mg/kg actual body weight administered as an IV infusion in combination with carfilzomib and dexamethasone or in combination with pomalidomide and dexamethasone
- 250-mL fixed infusion volume
- Premedication should be administered 15 to 60 minutes prior to infusion of SARCLISA
- Treatment is repeated until disease progression or unacceptable toxicity

Infusion times decrease to 75 minutes after the second infusion in the absence of IRRs¹

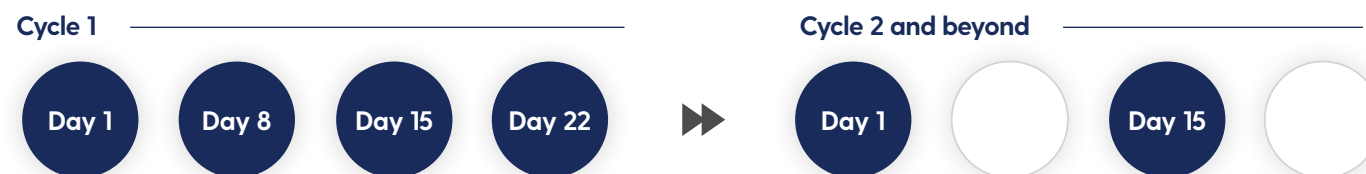
Calculated infusion times

Incremental escalation of the infusion rate should be considered only in the absence of IRRs.



Weekly dosing transitions to every other week after the first cycle

Treatment is administered in 28-day cycles.



On days where both SARCLISA and carfilzomib are administered, administer dexamethasone first, followed by SARCLISA infusion, then followed by carfilzomib infusion. For dosing instructions for combination agents administered with SARCLISA, refer to the study design descriptions in the SARCLISA Prescribing Information and the respective manufacturer's Prescribing Information.

Administration of SARCLISA

Premedication¹

Administer the following premedications prior to SARCLISA infusion to reduce the risk and severity of IRRs.

Dexamethasone	When administered in combination with SARCLISA and carfilzomib: 20 mg (IV on the days of SARCLISA and/or carfilzomib infusions, orally on day 22 in cycle 2 and beyond, and orally on day 23 in all cycles) When administered in combination with SARCLISA and pomalidomide: 40 mg orally or IV (or 20 mg orally or IV for patients ≥75 years of age)
Acetaminophen	650 mg to 1,000 mg orally (or equivalent)
H₂ antagonists	Institution-preferred agent
Diphenhydramine	25 mg to 50 mg orally or IV (or equivalent) The IV route is preferred for at least the first 4 infusions

The above recommended dose of dexamethasone (orally or IV) corresponds to the total dose to be administered only once before infusion as part of the premedication and of the backbone treatment, before SARCLISA and carfilzomib or SARCLISA and pomalidomide administration.

Administer the recommended premedication agents 15 to 60 minutes prior to starting a SARCLISA infusion.

Infusion rates of SARCLISA administration¹

Calculate the dose (mg) of required SARCLISA based on actual patient weight (measured prior to each cycle to have the administered dose adjusted accordingly). Note that more than one SARCLISA vial may be necessary to obtain the required dose for the patient.

Incremental escalation of the infusion rate should be considered only in the absence of IRRs.

	Dilution volume	Initial rate	Absence of IRR	Rate increment	Maximum rate	Total time (if no rate adjustments)
First infusion	250 mL	25 mL/h	For 60 min	25 mL/h every 30 min	150 mL/h	3 h 20 min
Second infusion	250 mL	50 mL/h	For 30 min	50 mL/h for 30 min, then increase by 100 mL/h	200 mL/h	1 h 53 min
Subsequent infusions	250 mL	200 mL/h	–	–	200 mL/h	75 min

SARCLISA should be administered by a healthcare professional, with immediate access to emergency equipment and appropriate medical support to manage IRRs if they occur.

Important Safety Information

WARNINGS AND PRECAUTIONS

Infusion-Related Reactions (cont'd)

Monitor vital signs frequently during the entire SARCLISA infusion. For patients with grade ≥2 reactions, interrupt SARCLISA infusion and provide appropriate medical management. For patients with grade 2 or grade 3 reactions, if symptoms improve to grade ≤1, restart SARCLISA infusion at half of the initial infusion rate, with supportive care as needed, and closely monitor patients. If symptoms do not recur after 30 minutes, the infusion rate may be increased to the initial rate, and then increased incrementally. In case symptoms do not improve to grade ≤1 after interruption of SARCLISA infusion, persist or worsen despite appropriate medications, or require hospitalization, permanently discontinue SARCLISA and institute appropriate management. Permanently discontinue SARCLISA if an anaphylactic reaction or life-threatening (grade 4) IRR occurs and institute appropriate management.

Please see additional Important Safety Information throughout and accompanying full Prescribing Information.

Ordering SARCLISA® (isatuximab-irfc)

Specialty distributors

SARCLISA is available from the following authorized specialty distributors:

ASD Healthcare

☎ 1.800.746.6273
🌐 asdhealthcare.com
Part of AmerisourceBergen Specialty Distribution

Cardinal Health Specialty Distribution

☎ 1.866.677.4844
🌐 specialtyonline.cardinalhealth.com

DMS Pharmaceutical

☎ 1.877.788.1100
🌐 dmspharma.com

McKesson Plasma and Biologics

☎ 1.877.625.2566
🌐 connect.mckesson.com

Specialty pharmacies

SARCLISA is available for the dispensing process from the following authorized specialty pharmacies:

Biologics

☎ 1.800.850.4306
☎ 1.800.823.4506
🌐 biologics.mckesson.com

CVS Specialty

☎ 1.800.799.0251
☎ 1.855.296.0210
🌐 cvsspecialty.com

McKesson Specialty Health

☎ 1.800.482.6700
🌐 mckesson.com/specialty/oncology

Morris & Dickson

☎ 1.800.388.3833
🌐 morrisdickson.com

Oncology Supply

☎ 1.800.633.7555
🌐 oncologysupply.com
Part of AmerisourceBergen Specialty Distribution

CareASSIST®

Patient Support by Sanofi

We are committed to helping remove barriers for eligible patients and caregivers as they navigate their treatment journey



Access and Reimbursement

Assistance navigating the insurance process, including benefits investigations, claims assistance, and information about prior authorizations and appeals.



Financial Assistance

CareASSIST offers programs and services that can help eligible patients with the cost of SARCLISA.



Resource Support

Information on independent support services for patients and caregivers, as well as product ordering and replacement information.

To learn more about CareASSIST:

Visit SanofiCareASSIST.com/hcp/Sarclisa for more information or call 1-833-WE+CARE (1-833-930-2273), Mon – Fri, 9 AM – 8 PM ET

For additional details or product return inquiries, please contact Sanofi U.S. Trade Customer Support at 1-800-372-6634.

Please see additional Important Safety Information throughout and accompanying full [Prescribing Information](#).

SARCLISA®
(isatuximab-irfc)
Injection for IV use | 500 mg/25 mL, 100 mg/5 mL

INDICATION AND IMPORTANT SAFETY INFORMATION

INDICATION

SARCLISA (isatuximab-irfc) is indicated:

- In combination with pomalidomide and dexamethasone, for the treatment of adult patients with multiple myeloma who have received at least 2 prior therapies including lenalidomide and a proteasome inhibitor
- In combination with carfilzomib and dexamethasone, for the treatment of adult patients with relapsed or refractory multiple myeloma who have received 1 to 3 prior lines of therapy

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

SARCLISA is contraindicated in patients with severe hypersensitivity to isatuximab-irfc or to any of its excipients.

WARNINGS AND PRECAUTIONS

Infusion-Related Reactions

Serious infusion-related reactions (IRRs), including life-threatening anaphylactic reactions, have occurred with SARCLISA treatment. Severe signs and symptoms include cardiac arrest, hypertension, hypotension, bronchospasm, dyspnea, angioedema, and swelling. Based on ICARIA-MM, IRRs occurred in 38% of patients treated with SARCLISA, pomalidomide, and dexamethasone (Isa-Pd). All IRRs started during the first SARCLISA infusion and resolved on the same day in 98% of the cases.

In IKEMA, infusion-related reactions occurred in 46% of patients treated with SARCLISA, carfilzomib, and dexamethasone (Isa-Kd). In the Isa-Kd arm, the infusion-related reactions occurred on the infusion day in 99% of episodes. In patients treated with Isa-Kd, 95% of those experiencing an infusion-related reaction experienced it during the first cycle of treatment. All infusion-related reactions resolved: within the same day in 74% of episodes, and the day after in 24% of episodes.

The most common symptoms ($\geq 5\%$) of an infusion-related reaction in ICARIA-MM and IKEMA (N=329) included dyspnea, cough, nasal congestion, and nausea. Anaphylactic reactions occurred in less than 1% of patients. To decrease the risk and severity of IRRs, premedicate patients prior to SARCLISA infusion with acetaminophen, H₂ antagonists, diphenhydramine or equivalent, and dexamethasone.

Monitor vital signs frequently during the entire SARCLISA infusion. For patients with grade ≥ 2 reactions, interrupt SARCLISA infusion and provide appropriate medical management. For patients with grade 2 or grade 3 reactions, if symptoms improve to grade ≤ 1 , restart SARCLISA infusion at half of the initial

infusion rate, with supportive care as needed, and closely monitor patients. If symptoms do not recur after 30 minutes, the infusion rate may be increased to the initial rate, and then increased incrementally. In case symptoms do not improve to grade ≤ 1 after interruption of SARCLISA infusion, persist or worsen despite appropriate medications, or require hospitalization, permanently discontinue SARCLISA and institute appropriate management. Permanently discontinue SARCLISA if an anaphylactic reaction or life-threatening (grade 4) IRR occurs and institute appropriate management.

Neutropenia

SARCLISA may cause neutropenia.

In patients treated with Isa-Pd, neutropenia occurred in 96% of patients and grade 3-4 neutropenia occurred in 85% of patients. Neutropenic complications occurred in 30% of patients, including febrile neutropenia (12%) and neutropenic infections (25%), defined as infection with concurrent grade ≥ 3 neutropenia. The most frequent neutropenic infections included infections of the upper respiratory tract (10%), lower respiratory tract (9%), and urinary tract (3%).

In patients treated with Isa-Kd, neutropenia occurred in 55% of patients, with grade 3-4 neutropenia in 19% of patients (grade 3 in 18% and grade 4 in 1.7%). Neutropenic complications occurred in 2.8% of patients, including febrile neutropenia (1.1%) and neutropenic infections (1.7%).

Monitor complete blood cell counts periodically during treatment. Consider the use of antibacterial and antiviral prophylaxis during treatment. Monitor patients with neutropenia for signs of infection. In case of grade 4 neutropenia, delay SARCLISA dose until neutrophil count recovery to at least $1 \times 10^9/L$, and provide supportive care with growth factors, according to institutional guidelines. No dose reductions of SARCLISA are recommended.

Second Primary Malignancies

The incidence of second primary malignancies is increased in patients treated with SARCLISA-containing regimens. The overall incidence of second primary malignancies in all the SARCLISA-exposed patients was 4.1%.

In ICARIA-MM, at a median follow-up time of 52 months, second primary malignancies occurred in 7% of patients in the Isa-Pd arm and in 2% of patients in the Pd arm.

In the ongoing IKEMA study, at a median follow-up time of 21 months, second primary malignancies occurred in 7% of patients in the Isa-Kd arm and in 4.9% of patients in the Kd arm.

The most common ($\geq 1\%$) second primary malignancies in ICARIA-MM and IKEMA (N=329) included skin cancers (5% with SARCLISA-containing regimens and 2.6% with comparative regimens) and solid tumors other than skin cancer (3% with SARCLISA-containing regimens and 1.8% with comparative regimens). All patients with non-melanoma skin cancer continued treatment after resection of the skin cancer.

Monitor patients for the development of second primary malignancies.

Laboratory Test Interference

Interference with Serological Testing (Indirect Antiglobulin Test)

SARCLISA binds to CD38 on red blood cells (RBCs) and may result in a false-positive indirect antiglobulin test (indirect Coombs test). The indirect antiglobulin test was positive during Isa-Pd treatment in 68% of the tested patients, and during Isa-Kd treatment in 63% of patients. In patients with a positive indirect antiglobulin test, blood transfusions were administered without evidence of hemolysis. ABO/RhD typing was not affected by SARCLISA treatment.

Before the first SARCLISA infusion, conduct blood type and screen tests on SARCLISA-treated patients. Consider phenotyping prior to starting SARCLISA treatment. If treatment with SARCLISA has already started, inform the blood bank that the patient is receiving SARCLISA and that SARCLISA interference with blood compatibility testing can be resolved using dithiothreitol-treated RBCs. If an emergency transfusion is required, non-cross-matched ABO/RhD-compatible RBCs can be given as per local blood bank practices.

Interference with Serum Protein Electrophoresis and Immunofixation Tests

SARCLISA is an IgG kappa monoclonal antibody that can be incidentally detected on both serum protein electrophoresis and immunofixation assays used for the clinical monitoring of endogenous M-protein. This interference can impact the accuracy of the determination of complete response in some patients with IgG kappa myeloma protein.

Embryo-Fetal Toxicity

Based on the mechanism of action, SARCLISA can cause fetal harm when administered to a pregnant woman. SARCLISA may cause fetal immune cell depletion and decreased bone density. Advise pregnant women of the potential risk to a fetus. Advise females with reproductive potential to use an effective method of contraception during treatment with SARCLISA and for 5 months after the last dose. The combination of SARCLISA with pomalidomide is contraindicated in pregnant women because

pomalidomide may cause birth defects and death of the unborn child. Refer to the pomalidomide prescribing information on use during pregnancy.

ADVERSE REACTIONS

In combination with pomalidomide and dexamethasone: The most common adverse reactions ($\geq 20\%$) were upper respiratory tract infection, infusion-related reactions, pneumonia, and diarrhea. The most common hematology laboratory abnormalities ($\geq 80\%$) were decreased hemoglobin, decreased neutrophils, decreased lymphocytes, and decreased platelets.

In combination with carfilzomib and dexamethasone: The most common adverse reactions ($\geq 20\%$) were upper respiratory tract infection, infusion-related reactions, fatigue, hypertension, diarrhea, pneumonia, dyspnea, insomnia, bronchitis, cough, and back pain. The most common hematology laboratory abnormalities ($\geq 80\%$) were decreased hemoglobin, decreased lymphocytes, and decreased platelets.

Serious adverse reactions occurred in 62% of patients receiving Isa-Pd. Serious adverse reactions in $>5\%$ of patients who received Isa-Pd included pneumonia (26%), upper respiratory tract infections (7%), and febrile neutropenia (7%). Fatal adverse reactions occurred in 11% of patients (those that occurred in more than 1% of patients were pneumonia and other infections [3%]).

Serious adverse reactions occurred in 59% of patients receiving Isa-Kd. The most frequent serious adverse reactions in $>5\%$ of patients who received Isa-Kd were pneumonia (25%) and upper respiratory tract infections (9%). Adverse reactions with a fatal outcome during treatment were reported in 3.4% of patients in the Isa-Kd group (those occurring in more than 1% of patients were pneumonia occurring in 1.7% and cardiac failure in 1.1% of patients).

USE IN SPECIAL POPULATIONS

Because of the potential for serious adverse reactions in the breastfed child from isatuximab-irfc administered in combination with Pd, advise lactating women not to breastfeed during treatment with SARCLISA.

Please see full [Prescribing Information](#).

Please see Important Safety Information throughout and accompanying full Prescribing Information.

References: **1.** SARCLISA [package insert]. Bridgewater, NJ: sanofi-aventis U.S. LLC. **2.** Centers for Medicare & Medicaid Services. 2024 ICD-10-CM. Accessed November 15, 2023. <https://www.cms.gov/medicare/coding-billing/icd-10-codes/2024-icd-10-cm> **3.** Centers for Medicare & Medicaid Services. CMS HCPCS Application Summaries and Coding Decisions: Second Quarter, 2020 HCPCS Coding Cycle for Drug and Biological Products. Accessed November 15, 2023. <https://www.cms.gov/files/document/2020-hcpcs-application-summary-quarter-2-2020-drugs-and-biologicals-updated-07312020.pdf> **4.** American Medical Association (AMA). *CPT® 2020 Professional Edition (Current Procedural Terminology)*. Chicago, IL: American Medical Association; 2020 **5.** Noridian Healthcare Solutions. Revenue codes. Accessed November 15, 2023. <https://med.noridianmedicare.com/web/jea/topics/claim-submission/revenue-codes> **6.** Centers for Medicare & Medicaid Services. CMS-1500 form. Accessed November 15, 2023. <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS1500.pdf> **7.** Centers for Medicare & Medicaid Services. CMS-1450 form. Accessed November 15, 2023. <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing-Items/CMS-1450>.

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sanofi

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SARCLISA[®]
(isatuximab-irfc)
Injection for IV use | 500 mg/25 mL, 100 mg/5 mL