Sarclisa (isatuximab-irfc)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Sarclisa (isatuximab-irfc)

APPROVAL CRITERIA

Requests for Sarclisa (isatuximab-irfc) may be approved if the following criteria are met:

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;

OR

IV. Individual has a diagnosis of multiple myeloma; **AND**
V. Individual has not received treatment with isatuximab or another anti-CD38 agent (such as daratumumab); **AND**
VI. Individual has relapsed or refractory disease following treatment with one to three prior lines of therapy.

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

Key References:

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.