



SARCLISA[®]▼
(isatuximab)

Dosing and administration guide



SARCLISA is indicated, in combination with pomalidomide and dexamethasone, for the treatment of adult patients with relapsed and refractory multiple myeloma who have received at least two prior therapies including lenalidomide and a proteasome inhibitor and have demonstrated disease progression on the last therapy.¹

This leaflet is for GB healthcare professionals involved in the administration of SARCLISA for the treatment of relapsed and refractory multiple myeloma, and provides an overview of key information relating to the management of patients receiving SARCLISA infusion treatment.

Prescribing information can be found on the back cover.

Reference:

1. SARCLISA. Summary of Product Characteristics.

▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions.

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store.

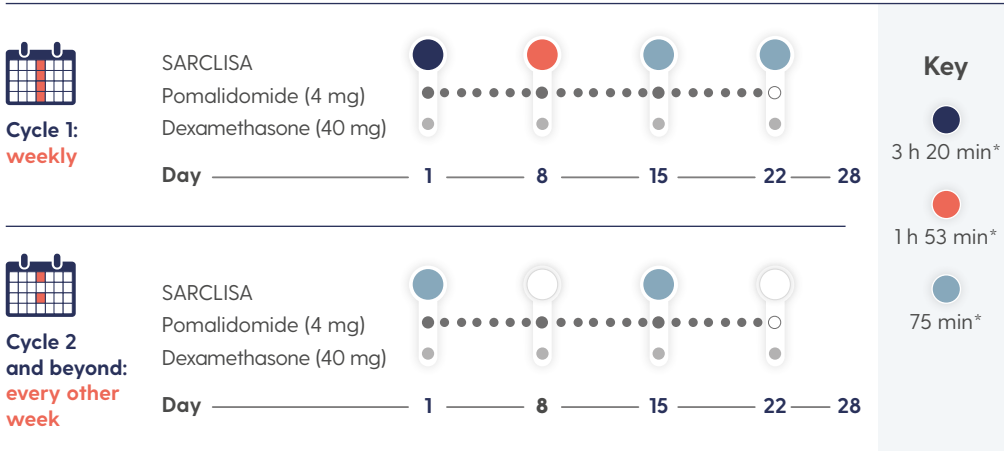
Adverse events should also be reported to the Sanofi drug safety department on Tel: 0800 0902 314. Alternatively, send via email to UK-drugsafety@sanofi.com

Dosing schedule for SARCLISA + Pd

Recommended dose: 10 mg/kg IV infusion in combination with Pd

Frequency: initial weekly dosing transitions to every other week after the first cycle

Treatment is administered in 28-day cycles



- Treatment is repeated until disease progression or unacceptable toxicity
- For other medicinal products that are administered with SARCLISA, refer to the respective current SPCs
- If a planned dose of SARCLISA is missed, administer the dose as soon as possible and adjust the treatment schedule accordingly, maintaining the treatment interval

*Infusion time possible in the absence of infusion reactions.

Infusion duration



250 mL fixed dosing volume



3 HRS 20 MIN*

First infusion



1 HR 53 MIN*

Second infusion



75 MIN*

Following infusions

	Dilution volume	Initial rate	Absence of infusion reaction	Rate increment	Maximum rate	Infusion time*
First infusion	250 mL	25 mL/hour	For 60 min	25 mL/hour every 30 min	150 mL/hour	3 hrs 20 min
Second infusion	250 mL	50 mL/hour	For 30 min	50 mL/hour for 30 min then increase by 100 mL/hour	200 mL/hour	1 hr 53 min
Subsequent infusions	250 mL	200 mL/hour	-	-	200 mL/hour	75 min

*Infusion time possible in the absence of infusion reactions.

SARCLISA should be administered by a healthcare professional in an environment where resuscitation facilities are available

Calculating the dose

SARCLISA comes in 100 mg in 5 mL concentrate and 500 mg in 25 mL concentrate vials.

The dose (mg) of SARCLISA concentrate should be calculated based on patient weight, which should be measured prior to each cycle so that the dose can be adjusted accordingly.

Patient weight (kg)	Recommended dose	Required dose
E.g. 80 kg	x 10 mg/kg	= 800 mg



Pre-medication for SARCLISA infusions

Pre-medication should be used prior to SARCLISA infusion with the following medications to reduce the risk and severity of infusion reactions:

Dexamethasone 40 mg oral or IV (or 20 mg oral or IV for patients ≥ 75 years of age)

Diphenhydramine 25 mg to 50 mg IV or oral (or equivalent [e.g. cetirizine, promethazine, exchlorpheniramine]) (the IV route is preferred for at least the first 4 infusions)

Paracetamol 650 mg to 1,000 mg oral (or equivalent)

Patients who do not experience an infusion reaction upon their first 4 administrations of SARCLISA may have their need for subsequent pre-medication reconsidered.



Pre-medication should be administered **15–60 minutes prior to infusion of SARCLISA**

Identifying and managing infusion reactions

The most common signs of an infusion reaction with SARCLISA include:

- Dyspnoea
- Cough
- Chills
- Nausea

In the ICARIA-MM study, all infusion reactions were **reversible** and **resolved on the same day** in **98%** of infusions. 38.2% of patients treated with SARCLISA experienced an infusion reaction, and 2.6% were grade 3 or above

All patients who experienced infusion reactions experienced them during the 1st infusion, with 3 patients (2.0%) also having infusion reactions at their 2nd infusion, and 2 patients (1.3%) at their 4th infusion

The adverse event of severe anaphylactic reaction has been reported as a serious infusion reaction in 5 patients (0.3%) based on data from multiple clinical trials investigating isatuximab

Management algorithm for infusion reactions

In patients who experience grade 2 (moderate) infusion reactions:

A temporary interruption in the infusion should be considered and additional symptomatic medicinal products can be administered

After improvement to grade ≤ 1 (mild), SARCLISA infusion may be resumed at half the initial infusion rate under close monitoring and supportive care, as needed

If symptoms do not recur after 30 minutes, the infusion rate may be increased to the initial rate, and then increased incrementally, as shown previously

Discontinue treatment permanently and administer supportive therapy as needed if symptoms:

Do not resolve rapidly or do not improve to grade ≤ 1 after interruption of SARCLISA infusion

Persist or worsen despite appropriate medicinal products

Require hospitalisation or are life-threatening (grade ≥ 3)

Prescribing Information: SARCLISA (isatuximab) ▼ 20mg/mL concentrate for solution for infusion

Please refer to the Summary of Product Characteristics (SmPC) before prescribing.

Presentations: Each vial contains 100mg of isatuximab in 5mL of concentrate or contains 500mg of isatuximab in 25mL of concentrate.

Indication: SARCLISA is indicated in combination with pomalidomide and dexamethasone, for the treatment of adult patients with relapsed and refractory multiple myeloma (MM) who have received at least two prior therapies including lenalidomide and a proteasome inhibitor (PI) and have demonstrated disease progression on the last therapy. Sarclisa is indicated in combination with carfilzomib and dexamethasone, for the treatment of adult patients with multiple myeloma who have received at least one prior therapy.

Dosage and Administration: SARCLISA should be administered by a healthcare professional, in an environment where resuscitation facilities are available. **Premedication, with the following medicinal products, should be administered 15 – 60 minutes prior to starting a SARCLISA infusion:** Dexamethasone 40mg oral or intravenous (IV) (or 20mg oral or IV for patients ≥ 75 years of age) when administered in combination with isatuximab and pomalidomide; Dexamethasone 20mg (IV on the days of isatuximab and/or carfilzomib infusions, and oral on the other days) when administered in combination with isatuximab and carfilzomib; Paracetamol 650mg to 1000mg oral (or equivalent); Diphenhydramine 25mg to 50mg IV or oral (or equivalent [e.g., cetirizine, promethazine, dexchlorpheniramine]). The IV route is preferred for diphenhydramine for at least the first 4 infusions. The above recommended dose of dexamethasone (oral or IV) corresponds to the total dose to be administered only once before the infusion, as part of the premedication and the backbone treatment, before isatuximab and pomalidomide and before isatuximab and carfilzomib administration. Patients who do not experience an infusion reaction upon their first 4 administrations of SARCLISA may have their need for subsequent premedication reconsidered. **Managing neutropenia:** The use of colony-stimulating factors (e.g. G-CSF) should be considered to mitigate the risk of neutropenia. In the event of grade 4 neutropenia, SARCLISA administration should be delayed until neutrophil count improves to at least $10 \times 10^9/L$. **Prevention of infection:** Antibacterial and antiviral prophylaxis (such as herpes zoster prophylaxis) can be considered during treatment. **Posology:** The recommended dose of SARCLISA is 10mg/kg body weight administered as an IV infusion in combination with pomalidomide and dexamethasone (Isa-Pd regimen) or in combination with carfilzomib and dexamethasone (Isa-Kd regimen). **Cycle 1:** Dosing on days 1, 8, 15 and 22 (weekly). **Cycle 2 and beyond:** Dosing on days 1, 15 (every 2 weeks). Each treatment cycle consists of a 28-day period. Treatment is repeated until disease progression or unacceptable toxicity. For other medicinal products that are administered with SARCLISA, refer to the respective current summary of product characteristics. The administration schedule must be carefully followed. **Missed dose:** If a dose of SARCLISA is missed, administer the dose as soon as possible and adjust the treatment schedule accordingly, maintaining the treatment interval. **Dose adjustments:** No dose reduction of SARCLISA is recommended. Administration adjustments should be made if patients experience infusion reactions. **Infusion rates:** please refer to full SmPC.

Special Populations: Elderly patients, patients with renal impairment and patients with hepatic impairment: no dose adjustment is recommended. (Data in patients with moderate and severe hepatic impairment are limited, but there is no evidence to suggest that dose adjustment is required in these patients). **Paediatric population (<18 years old):** No data available.

Contraindications: Hypersensitivity to the active substance or to any of its excipients.

Precautions and Warnings: Traceability: In order to improve the traceability of biological medicinal products, the name and the batch number of the administered product should be clearly recorded. **Infusion reactions:** Infusion reactions, mostly mild or moderate, have been observed in 38.2% of patients treated with SARCLISA in ICARIA-MM (Isa-Pd regimen), and in 45.8% of patients in the IKEMA trial (Isa-Kd regimen). In ICARIA-MM, all infusion reactions started during the first SARCLISA infusion and resolved on the same day in 98% of the infusions. The most common symptoms of an infusion reaction included dyspnoea, cough, chills and nausea. The most common severe signs and symptoms included hypertension, dyspnoea and bronchospasm. In IKEMA, the infusion reactions occurred on the infusion day in 99.2% of episodes. In 94.4% of those experiencing an infusion reaction experienced it during the first cycle of treatment. All infusion reactions resolved. The most common symptoms of an infusion reaction included cough, dyspnoea, nasal congestion, vomiting and nausea. The most common severe signs and symptoms included hypertension and dyspnoea. Serious infusion reactions including severe anaphylactic reactions have been observed after SARCLISA administration. Vital signs should be frequently monitored during the entire SARCLISA infusion. When required, interrupt SARCLISA infusion and provide appropriate medical and supportive measures. In case symptoms do not improve after interruption of SARCLISA infusion, persist or worsen despite appropriate treatment with medicinal products, require hospitalization or are life-threatening, permanently discontinue SARCLISA and institute appropriate management. **Neutropenia:** In patients receiving Isa-Pd, neutropenia occurred as a laboratory abnormality in 96.1% of patients and as an adverse reaction in 46.7% of patients, with Grade 3 – 4 neutropenia reported as a laboratory abnormality in 84.9% of patients and as an adverse reaction in 45.4% of patients. Neutropenic complications have been observed in 30.3% of patients, including 11.8% of febrile neutropenia and 25.0% of neutropenic infections. In patients treated with Isa-Kd, neutropenia occurred as a laboratory abnormality in 54.8% of patients and as an adverse reaction in 4.5% of patients, with Grade 3 – 4 neutropenia reported as a laboratory abnormality in 19.2% of patients (with 17.5% Grade 3 and 1.7% Grade 4) and as an adverse reaction in 4.0% of patients. Neutropenic complications have been observed in 2.8% of patients, including 1.1% of febrile neutropenia and 1.7% of neutropenic infections. Complete blood cell counts should be monitored periodically during treatment. Patients with neutropenia should be monitored for signs of infection. **Infection:** A higher incidence of infections including grade ≥ 3 infections, mainly pneumonia, upper respiratory tract infection and bronchitis, occurred with SARCLISA. Patients receiving SARCLISA should be closely monitored for signs of infection and appropriate standard therapy instituted. Antibiotics and antiviral prophylaxis (such as herpes zoster prophylaxis) can be considered during treatment. **Second primary malignancies (SPMs):** In ICARIA-MM, SPMs were reported at a median follow-up time of

52.44 months in 10 patients (6.6%) treated with Isa-Pd and in 3 patients (0.2%) treated with Pd. SPM were skin cancer in 6 patients treated with Isa-Pd and in 3 patients treated with Pd, solid tumours other than skin cancer in 3 patients treated with Isa-Pd (one patient also had a skin cancer), and haematological malignancy (myelodysplastic syndrome) in 1 patient treated with Isa-Pd. Patients continued treatment after resection of the new malignancy, except two patients treated with Isa-Pd. One patient developed metastatic melanoma and the other developed myelodysplastic syndrome. The overall benefit of Isa-Pd remains favourable. In ongoing IKEMA study, at a median follow-up time of 20.73 months, SPMs were reported in 13 patients (7.3%) treated with Isa-Kd and in 6 patients (4.9%) treated with Kd. SPMs were skin cancers in 9 patients (5.1%) treated with Isa-Kd and in 3 patients (2.5%) treated with Kd, and were solid tumours other than skin cancer in 5 patients (2.8%) treated with Isa-Kd and in 4 patients (3.3%) treated with Kd. One patient (0.6%) in the Isa-Kd group and one patient (0.8%) in the Kd group had both skin cancer and solid tumours other than skin cancer. Patients with skin cancer continued treatment after resection of the skin cancer. Solid tumours other than skin cancer were diagnosed within 3 months after treatment initiation in 3 patients (1.7%) treated with Isa-Kd and in 2 patients (1.6%) treated with Kd. The overall incidence of SPMs in all the SARCLISA-exposed patients is 4.1%. Physicians should carefully evaluate patients before and during treatment as per IMWG guidelines for occurrence of SPM and initiate treatment as indicated. **Tumour lysis syndrome:** Cases of tumour lysis syndrome (TLS) have been reported in patients who received isatuximab. Patients should be monitored closely and appropriate precautions taken. **Interference with Serological Testing (indirect antiglobulin test):** SARCLISA administration may result in a false positive indirect antiglobulin test (indirect Coombs test). To avoid potential problems with Red Blood Cell transfusion, patients being treated with SARCLISA should have blood type and screen tests performed prior to the first SARCLISA infusion. Phenotyping may be considered prior to starting SARCLISA treatment as per local practice. If treatment with SARCLISA has already started, the blood bank should be informed that the patient is receiving SARCLISA and SARCLISA interference with blood compatibility testing can be resolved using dithiothreitol (DTT)-treated RBCs. Patients should be monitored for theoretical risk of haemolysis. If an emergency transfusion is required, non-cross-matched ABO/RhD-compatible RBCs can be given as per local blood bank practices. **Interference with determination of complete response:** SARCLISA can interfere with both serum protein electrophoresis (SPE) and immunofixation (IFE) assays used for the clinical monitoring of endogenous M-protein. Interference can impact the accuracy of the determination of complete response in some patients with IgG kappa myeloma protein. **Interactions: Interference with serological testing:** Because CD38 protein is expressed on the surface of red blood cells, SARCLISA, an anti-CD38 antibody, may interfere with blood bank serologic tests with potential false positive reactions in indirect antiglobulin tests (indirect Coombs tests), antibody detection (screening) tests, antibody identification panels, and antihuman globulin (AHG) crossmatches in patients treated with SARCLISA. **Interference with Serum Protein Electrophoresis (SPE) and Immunofixation (IFE) Tests:** SARCLISA may be detected on SPE and IFE assays used for monitoring disease monoclonal immunoglobins (M-protein), and could interfere with accurate response classification based on International Myeloma Working Group (IMWG) criteria including the determination of complete response in some patients with IgG kappa myeloma protein. In patients with persistent very good partial response, where isatuximab interference is suspected, consider using a validated isatuximab-specific IFE assay to distinguish isatuximab from any remaining endogenous M-protein in the patient's serum, to facilitate determination of a complete response. **Fertility, pregnancy and breast-feeding:** Women of childbearing potential treated with SARCLISA should use effective contraception during treatment and for at least 5 months after cessation of treatment. There are no available data on isatuximab use in pregnant women. Immunoglobulin G1 monoclonal antibodies are known to cross the placenta after the first trimester of pregnancy. The use of SARCLISA in pregnant women is not recommended. It is unknown whether isatuximab is excreted in human milk. Human IgGs are known to be excreted in breast milk during the first few days after birth, which is decreasing to low concentrations soon afterwards; however, a risk to the breast-fed infant cannot be excluded during this short period just after birth. A decision must be made whether to discontinue breast-feeding or to discontinue/abstain from isatuximab therapy taking into account the benefit of breast-feeding for the child and the benefit of therapy for the woman. No human and animal data are available to determine potential effects of isatuximab on fertility in males and females.

Adverse Reactions: ICARIA-MM (Isa-Pd): Very common: Neutropenia, infusion reactions, pneumonia*, upper respiratory tract infection, diarrhoea, bronchitis, dyspnoea, nausea, febrile neutropenia*, vomiting. **Common:** Decreased appetite, weight decreased, atrial fibrillation, skin cancer, solid tumour (non-skin cancer), Herpes zoster. **Uncommon:** Haematology malignancy and anaphylactic reaction*. **IKEMA (Isa-Kd): Very common:** Infusion reactions, hypertension, diarrhoea, upper respiratory tract infection, pneumonia*, fatigue, dyspnoea, insomnia, bronchitis, back pain, cough and vomiting. **Common:** Skin cancers, neutropenia, solid tumours other than skin cancers, Herpes zoster. **Uncommon:** Anaphylactic reaction*. *These adverse events also occurred as serious adverse events. Prescribers should consult the SmPC in relation to other adverse reactions.

Legal Category: POM **GB List price:** SARCLISA 100mg x 1 vial: £506.94; SARCLISA 500mg x 1 vial: £2,534.69. **Marketing Authorisation Number:** PLGB 04425/0887 **Marketing Authorisation Holder:** Sanofi, 410 Thames Valley Park Drive, Reading, Berkshire, RG6 1PT, UK. **Further information is available from:** Medical Information, Sanofi, 410 Thames Valley Park Drive, Reading, Berkshire, RG6 1PT, UK. uk-medicalinformation@sanofi.com. **SmPC date:** 23/06/2023 **Date of preparation:** June 2023.

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