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. *Pre-medication, 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 1.0 x 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 (including end-stage renal disease) 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):* Outside its authorised indications, SARCLISA has been studied in children aged 28 days to less than 18 years of age with relapsed or refractory acute lymphoblastic or myeloid leukaemia but efficacy has not been established.
Contraindications: Hypersensitivity to the active substance or to any of its excipients.
Precautions and Warnings: *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 (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. In IKEMA study, at a median follow-up time of 56.61 months, SPMs were reported in 18 patients (10.2%) treated with Isa-Kd and in 10 patients (8.2%) treated with Kd. SPMs were skin cancers in 13 patients (7.3%) treated with Isa-Kd and in 4 patients (3.3%) treated with Kd, were solid tumours other than skin cancer in 7 patients (4.0%) treated with Isa-Kd and in 6 patients (4.9%) treated with Kd, and haematological malignancy (acute myeloid leukaemia) in 1 patient (0.8%) in the Kd group. For 1 patient (0.6%) in the Isa-Kd group, the aetiology of the SPM was unknown. 2 patients (1.1%) 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 4.3%. 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). This interference with the indirect Coombs test may persist for at least 6 months after the last infusion of SARCLISA. 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: *Isa-Pd:* Very common: Pneumonia*, upper respiratory tract infection, bronchitis, neutropenia, thrombocytopenia, decreased appetite, dyspnoea, diarrhoea, nausea, vomiting, infusion reaction. Common: Herpes zoster, skin cancer, solid tumour (non-skin cancer), febrile neutropenia*, anaemia, atrial fibrillation, weight decreased. Uncommon: Haematology malignancy and anaphylactic reaction*. *Isa-Kd:* Very common: Pneumonia*, upper respiratory tract infection, bronchitis, hypertension, dyspnoea, cough, diarrhoea, vomiting, fatigue, infusion reaction, insomnia, back pain. Common: Herpes zoster, skin cancers, solid tumours (non-skin cancers), anaemia, neutropenia, thrombocytopenia. 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

List price: SARCLISA 100mg x 1 vial: £506.94; SARCLISA 500mg x 1 vial: £2,534.69.

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Marketing Authorisation Holder: Sanofi, 410 Thames Valley Park Drive, Reading, Berkshire, RG6 1PT, UK.

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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