SARCLISA®
(isatuximab)

DOSING AND ADMINISTRATION GUIDE

For non-transplant patients with NDMM or patients with RRMM

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
- In combination with carfilzomib and dexamethasone, for the treatment of adult patients with multiple myeloma who have received at least one prior therapy
- In combination with bortezomib, lenalidomide, and dexamethasone, for the treatment of adult patients with newly diagnosed multiple myeloma who are ineligible for autologous stem cell transplant.

NDMM=newly diagnosed multiple myeloma; RRMM=relapsed and/or refractory multiple myeloma.

Please see full Summary of Product Characteristics on the SARCLISA website and SARCLISA Abbreviated Prescribing Information on pages 12 and 13.

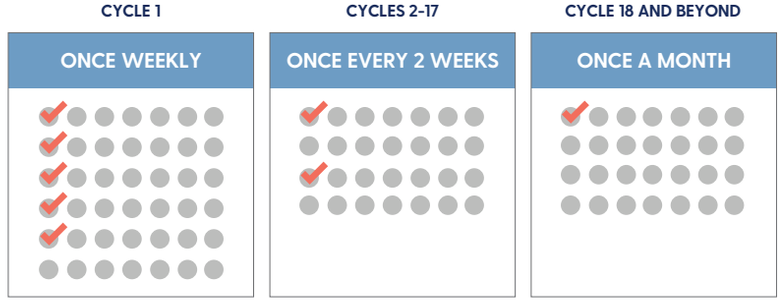
▼This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions.

FOR NON-TRANSPLANT NDMM PATIENTS

Dosing and schedule for SARCLISA + VRd

The recommended dose of SARCLISA is 10 mg/kg administered as an IV infusion in combination with VRd. SARCLISA is administered at a fixed dilution volume of 250 mL or in combination with bortezomib, lenalidomide, and dexamethasone (VRd).

SARCLISA dosing schedule for NDMM



Cycles 2 to 4 are 6 weeks each; cycles 5 and beyond are 4 weeks each.

SARCLISA: 10 mg/kg

VRd dosing schedule

Initiation, 42-day cycles:

- **V 1.3 mg/m² (SC):** days 1, 4, 8, 11, 22, 25, 29, 32
- **R 25 mg (PO):** days 1-14 and 22-35
- **d 20 mg (PO or IV):** days 1, 2, 4, 5, 8, 9, 11, 12, 15, 22, 23, 25, 26, 29, 30, 32, 33*

Maintenance treatment period, 28-day cycles:

- **R 25 mg (PO):** days 1-21
- **d 20 mg (PO or IV):** days 1, 8, 15, and 22*

Incremental dose escalation only in the absence of infusion reactions. Premedication should be used prior to SARCLISA infusion with the following medications to reduce the risk and severity of infusion reactions: dexamethasone 40 mg orally or IV (or 20 mg orally or IV for patients ≥75 years of age), acetaminophen† 650 mg to 1000 mg orally (or equivalent), diphenhydramine 25 mg to 50 mg IV or orally (or equivalent [eg, cetirizine, promethazine, dexchlorpheniramine]). The IV route for diphenhydramine is preferred for at least the first 4 infusions.

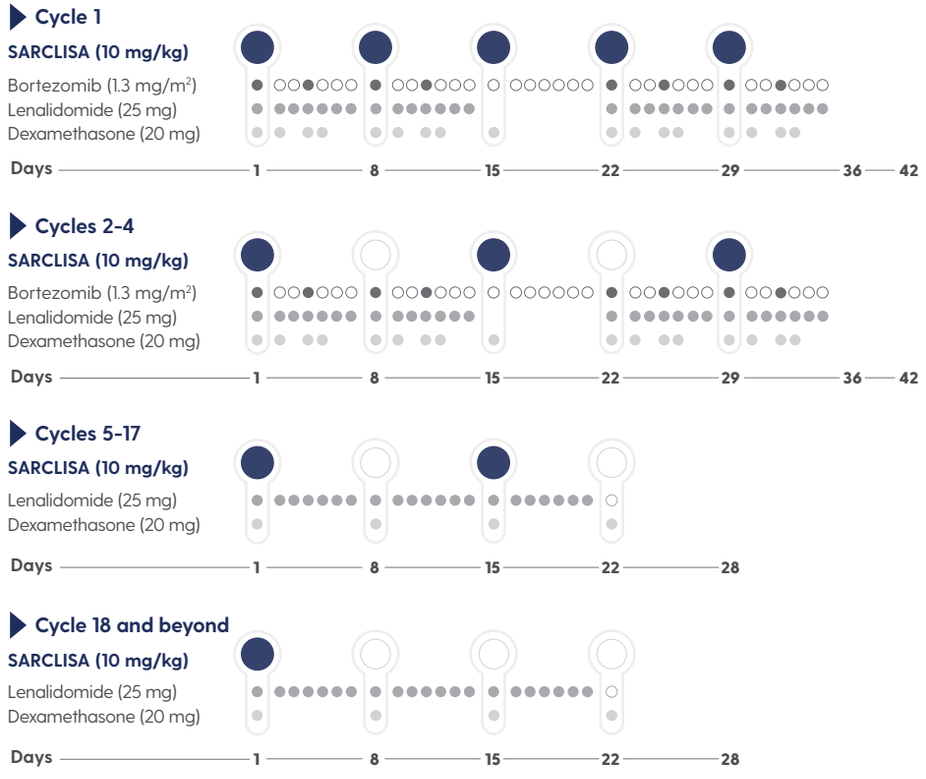
*Dexamethasone is given by IV on days SARCLISA is administered.

†Acetaminophen is also known as paracetamol.

d=dexamethasone; IV=intravenous; PO=per os; R=lenalidomide; SC=subcutaneous; V=bortezomib; VRd=bortezomib, lenalidomide, dexamethasone.

Cycle details for SARCLISA + VRd

In combination with bortezomib, lenalidomide, and dexamethasone



- Each treatment cycle consists of a 28- or 42-day period. Treatment is repeated until disease progression or unacceptable toxicity
- For other medicinal products that are administered with SARCLISA, see the respective current summaries of product characteristics for the other products
- The administration schedule must be carefully followed. 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

SARCLISA® (isatuximab)

FOR RRMM PATIENTS

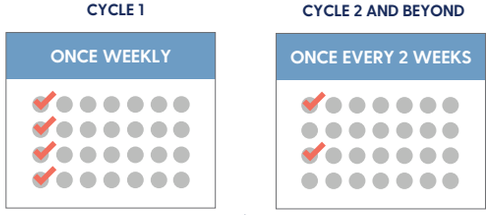
Dosing and schedule for SARCLISA + Kd or Pd

The recommended dose of SARCLISA is 10 mg/kg administered as an IV infusion in combination with Kd or Pd. SARCLISA is administered at a fixed dilution volume of 250 mL.

Dosing frequency for SARCLISA decreases after cycle 1

Weekly dosing transitions to every other week after the first cycle

SARCLISA dosing schedule for RRMM



All cycles are 4 weeks.

SARCLISA: 10 mg/kg

Carfilzomib administration

- Cycle 1: 20 mg/m^2 on days 1 and 2; 56 mg/m^2 on days 8, 9, 15, and 16
- Cycle 2 and beyond: 56 mg/m^2 on days 1, 2, 8, 9, 15, and 16

Pomalidomide administration

- All cycles: 4 mg on days 1 to 21

Dexamethasone administration

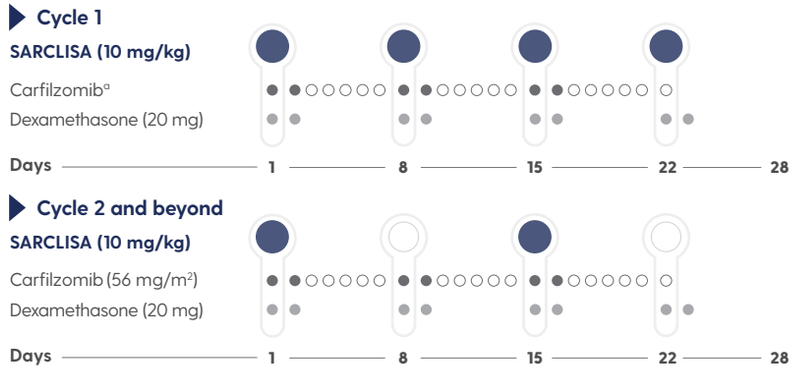
- In Kd, all cycles: 20 mg on days 1, 2, 8, 9, 15, 16, 22, and 23
- In Pd, all cycles: 40 mg (20 mg for patients aged ≥75 years) on days 1, 8, 15, and 22

- **Continue the SARCLISA regimen until disease progression or unacceptable toxicity**
- The dosing schedule must be carefully followed. If a patient misses a planned dose, administer the infusion as soon as possible and adjust the dosing schedule to maintain the necessary treatment interval
- **See page 10** for information about administration adjustments

Kd=carfilzomib and dexamethasone; Pd=pomalidomide and dexamethasone.

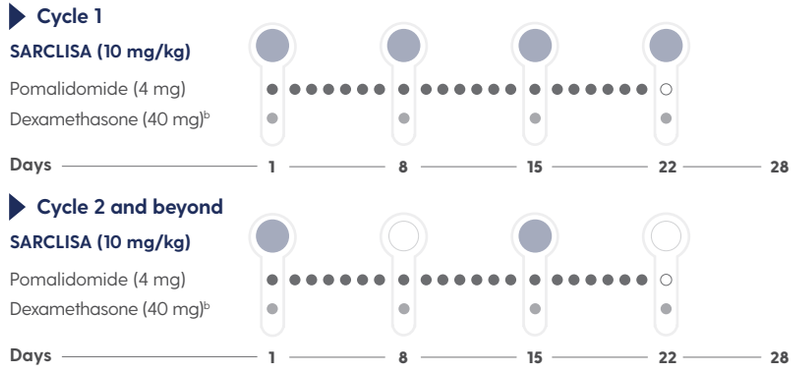
Cycle details for SARCLISA + Kd or Pd regimens

In combination with Kd



[a]Carfilzomib administration is 20 mg/m^2 on days 1 and 2, and 56 mg/m^2 on days 8, 9, 15, and 16 of cycle 1.

In combination with Pd



[b]Dose is 20 mg for patients aged ≥75 years.

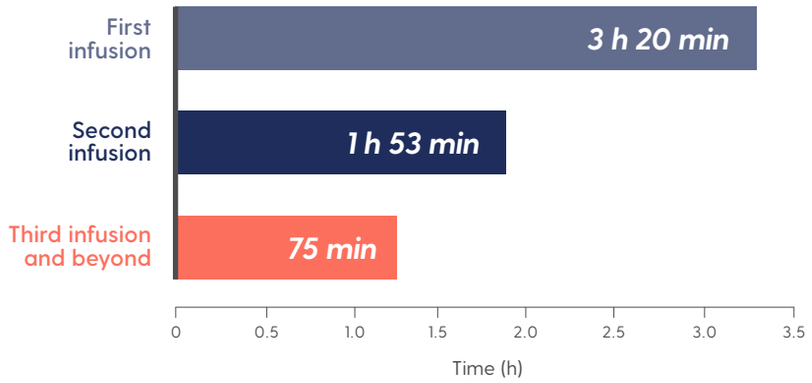
SARCLISA® (isatuximab)

FOR ALL PATIENTS

SARCLISA infusion duration can be decreased over time

Infusion time can be decreased to 75 minutes by the third infusion

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



Administering SARCLISA

- Administer infusion solution using an IV tubing infusion set (in PE, PVC with or without DEHP, PBD, or PU) with an in-line filter (PES, PSU, or nylon)
- Administer within 8 hours (including the infusion time) at room temperature (typically 15°C to 25°C)
- The prepared infusion bag does not require protection from light in a standard artificial light environment
- Do not infuse SARCLISA solution concomitantly in the same IV line with other agents
- **See page 10** for information about administration adjustments

DEHP=di-(2-ethylhexyl) phthalate; PBD=polybutadiene; PE=polyethylene; PES=polyethersulfone; PSU=polysulfone; PU=polyurethane; PVC=polyvinyl chloride.

Infusion times for SARCLISA

250-mL fixed infusion volume

	FIRST INFUSION	SECOND INFUSION	SUBSEQUENT INFUSIONS
Infusion volume			
	250 mL	250 mL	250 mL
Initial rate			
	25 mL/h	50 mL/h	200 mL/h
In absence of infusion reactions			
	For 60 min	For 30 min	–
Rate increment			
	25 mL/h every 30 min	50 mL/h for 30 min, then increase by 100 mL/h	–
Maximum rate			
	150 mL/h	200 mL/h	200 mL/h
Infusion time			
	3 h 20 min	**1 h 53 min**	**75 min**

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

SARCLISA® (isatuximab)

FOR ALL PATIENTS

Premedication

Recommended premedication agents should be administered 15 to 60 minutes prior to starting an infusion of SARCLISA. The following premedication agents should be used to reduce the risk and severity of infusion reactions:

Dexamethasone	Acetaminophen (paracetamol)
SARCLISA + Kd: 20 mg (IV on the days of SARCLISA and/or carfilzomib infusions, oral on the other days) **SARCLISA + Pd:** 40 mg oral or IV (20 mg oral or IV for patients aged ≥75 years)	650 mg to 1000 mg oral **or** equivalent

Diphenhydramine
25 mg to 50 mg IV **or** oral, **or** equivalent (eg, cetirizine, promethazine, or dexchlorpheniramine); the IV route for diphenhydramine is preferred for 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 SARCLISA and pomalidomide and before SARCLISA and carfilzomib administration
- The need for subsequent premedication can be reevaluated for those patients who do not experience an infusion reaction during their first 4 administrations of SARCLISA

EVA=ethyl vinyl acetate; PP=polypropylene.

No posttreatment medications were necessary
following infusion of SARCLISA in clinical trials

Preparing SARCLISA

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. More than one SARCLISA vial may be necessary to reach the required dose for the patient.

Calculating the dose of SARCLISA, an example:

Patient weight (kg)		Recommended dose		Required dose
80 kg	×	10 mg/kg	=	**800 mg**

SARCLISA is available in 100 mg/5 mL and 500 mg/25 mL vials.

SARCLISA infusion solution should be prepared under aseptic conditions.

- Inspect vials of SARCLISA concentrate before dilution to ensure they do not contain any particles and are not discoloured
- Do not shake vials
- The infusion bag must be made of PO, PE, PP, PVC with DEHP, or EVA
- The volume of diluent equal to the required volume of SARCLISA concentrate should be removed from a 250-mL sodium chloride 0.9% solution for injection or glucose 5% solution diluent bag
- The appropriate volume of SARCLISA concentrate should be withdrawn from the SARCLISA vial and diluted in the 250-mL infusion bag with sodium chloride 0.9% solution for injection or glucose 5% solution
- Gently homogenise the diluted solution by inverting the bag. Do not shake

PO=polyolefins.

SARCLISA® (isatuximab)

FOR ALL PATIENTS

Administration adjustments for SARCLISA

No dose reduction of SARCLISA is recommended. Administration adjustments should be made if patients experience infusion reactions.

For other medicinal products that are administered with SARCLISA, see the respective current summaries of product characteristics for the other products.

Infusion reactions

- In patients necessitating an intervention (Grade 2, moderate infusion reactions), a temporary interruption in the infusion should be considered and additional symptomatic medicinal products can be administered
- After symptom improvement to Grade ≤1 (mild), SARCLISA infusion may be resumed at half of 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 in the table on page 7
- Permanently discontinue treatment with SARCLISA and administer additional supportive therapy as needed if symptoms:
  - Do not improve to Grade ≤1 after interruption of SARCLISA infusion
  - Persist or worsen despite administration of appropriate medicinal products
  - Require hospitalisation or are life-threatening

During the clinical trials, nearly all patients who experienced an infusion reaction did so **during the first cycle of treatment with SARCLISA, and almost all reactions were resolved on the same day**

Management of neutropenia

The use of colony-stimulating factors (eg, G-CSF) should be considered to mitigate the risk of neutropenia. In the event of Grade 3 or Grade 4 neutropenia or febrile neutropenia and/or neutropenic infection, SARCLISA administration should be delayed or omitted until recovery.

G-CSF=granulocyte colony-stimulating factor.

Storage and handling

SARCLISA is a concentrate for solution for infusion. It is a colourless to slightly yellow liquid, essentially free of visible particles. SARCLISA vials are for single use only and are available in cartons, as follows:

1 vial	3 vials	1 vial
100 mg/5 mL	**100 mg/5 mL**	**500 mg/25 mL**

Storage requirements

- Do not use SARCLISA after the expiry date stated on the carton and the vial. The expiry date refers to the last day of the month
- Store in a refrigerator (2°C to 8°C); do not freeze
- Store in the original package in order to protect from light
- Chemical and physical in-use stability of the SARCLISA infusion solution has been demonstrated for 48 hours at 2°C to 8°C, followed by 8 hours (including the infusion time) at room temperature
- From a microbiological point of view, the product should be used immediately. If not used immediately, in-use storage times and conditions prior to use are the responsibility of the user and would normally not be longer than 24 hours at 2°C to 8°C, unless dilution has taken place in controlled and validated aseptic conditions

Handling and disposal

Discard all unused portions of SARCLISA solution. All materials that have been utilised for dilution and administration should be disposed of according to standard procedures.

SARCLISA® (isatuximab)

SARCLISA® (isatuximab) – Abbreviated Prescribing Information

Name and Presentation: SARCLISA 20 mg/mL concentrate for solution for infusion. Each vial contains 100 mg of isatuximab in 5 mL of concentrate (100 mg/5 mL) or 500 mg of isatuximab in 25 mL of concentrate (500 mg/25 mL). Isatuximab is an immunoglobulin G1 (IgG1) monoclonal antibody (mAb).

Therapeutic indications: 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. In combination with carfilzomib and dexamethasone, for the treatment of adult patients with multiple myeloma who have received at least one prior therapy. In combination with bortezomib, lenalidomide, and dexamethasone, for the treatment of adult patients with newly diagnosed multiple myeloma who are ineligible for autologous stem cell transplant.

Pediatric population: 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.

Dosage and administration: SARCLISA should be administered by a healthcare professional, in an environment where resuscitation facilities are available. Premedication should be used 15-60 minutes prior to SARCLISA infusion with the following medicinal products to reduce the risk and severity of infusion reactions: Dexamethasone 40 mg (when administered in combination with isatuximab and pomalidomide) or 20 mg (when administered in combination with isatuximab and carfilzomib; or when administered in combination with isatuximab, bortezomib, and lenalidomide) oral or intravenous, 20 mg for patients ≥75 years of age, Acetaminophen, Diphenhydramine, H2 antagonists. The recommended dose of SARCLISA is 10 mg/kg body weight administered as an intravenous infusion in combination with pomalidomide and dexamethasone or in combination with carfilzomib and dexamethasone or in combination with bortezomib, lenalidomide, and dexamethasone (isatuximab regimen). Dosing schedule in combination with pomalidomide and dexamethasone or in combination with carfilzomib and dexamethasone: cycle 1: days 1, 8, 15 and 22 (weekly), cycle 2 and beyond: days 1, 15 (every 2 weeks). Each treatment cycle consists of a 28-day period. Dosing schedule in combination with bortezomib, lenalidomide, and dexamethasone: cycle 1: days 1, 8, 15, 22 and 29, cycles 2 to 4: days 1, 15 and 29 (every 2 weeks), cycles 5 to 17: days 1 and 15 (every 2 weeks), cycles 18 and beyond: day 1 (every 4 weeks). Each treatment cycle consists of a 42-day period from cycle 1 to 4, and of a 28-day period from cycle 5. Treatment is repeated until disease progression or unacceptable toxicity.

Method of administration: SARCLISA is for intravenous use. For details on preparation and infusion rate see full SmPC.

Contraindications: Hypersensitivity to the active substance or to any of the excipients. See full SmPC for full list of excipients.

Warnings and precautions: Infusion reactions, mostly mild or moderate, were observed in 38.2% of patients treated with SARCLISA in ICARIA, and in 45.8% in IKEMA but resolved on the same day in 98% of infusions, and in 24.0% of patients treated with Isa-VRd in IMROZ and resolved the same day in 97.3% of patients. The most common symptoms of an IR included dyspnoea and chills. The most common severe sign and symptom was hypertension. Vital signs should be frequently monitored during the entire infusion and when required infusion should be interrupted or permanently discontinued in case symptoms that do not improve to grade ≤1 after infusion interruption. Serious infusion reactions including severe anaphylactic reactions have also been observed after SARCLISA administration. Most of the grade 3-4 neutropenia was reported as laboratory abnormalities. In patients treated with Isa-VRd, neutropenia was reported as a laboratory abnormality in 87.5% of patients and as an adverse reaction in 30% of patients. Neutropenic complications have been observed in 1/3 of patients treated with SARCLISA. A higher incidence of infections including grade ≥3 infections occurred with SARCLISA. Antibacterial and antiviral prophylaxis (such as herpes zoster prophylaxis) according to treatment guidelines should be considered during treatment. Patients receiving SARCLISA should be closely monitored for signs of infection. Physicians should carefully evaluate patients before and during treatment as per International Myeloma Working Group (IMWG) guidelines for occurrence of secondary primary malignancies (SPM) and treatment should be initiated as indicated. Patients should be monitored closely, and appropriate precautions taken for tumor lysis syndrome. Isatuximab binds to CD38 on red blood cells (RBCs) and may result in a false positive indirect antiglobulin test (indirect Coombs test).

SARCLISA® (isatuximab) – Abbreviated Prescribing Information (cont'd)

Warnings and precautions (cont'd): This interference with the indirect Coombs test may persist for at least 6 months after the last infusion of SARCLISA. Patient should have blood type and screen tests performed prior to the first infusion of Isatuximab and should be monitored for theoretical risk of haemolysis. For details in tests interference see full SmPC.

Drug interactions: Isatuximab has no impact on the pharmacokinetics of pomalidomide or carfilzomib, or bortezomib, or lenalidomide and vice versa. Isatuximab may interfere with serological testing and with Serum Protein Electrophoresis and Immunofixation assays. 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, to facilitate determination of complete response.

Fertility, pregnancy and lactation: Women of childbearing potential treated with isatuximab should use effective contraception during treatment and for 5 months after cessation of treatment. The use of isatuximab in pregnant women is not recommended since there are no available data.

Undesirable effects: Observed in patients treated with isatuximab in combination with pomalidomide and dexamethasone: *Infections/infestations:* very common: pneumonia, upper respiratory tract infection, bronchitis: common: Herpes zoster. *Neoplasms benign, malignant and unspecified:* common: skin cancer, solid tumour (non-skin cancer): uncommon: haematology malignancy. Blood/lymphatic system disorders: very common: neutropenia, thrombocytopenia, common: febrile neutropenia, anaemia, unknown frequency: lymphopenia. *Metabolism and nutrition disorders:* very common: decreased appetite. *Cardiac disorders:* common: atrial fibrillation. *Respiratory, thoracic and mediastinal disorders:* very common: dyspnoea. *Gastrointestinal disorders:* very common: diarrhoea, nausea, vomiting. *Investigations:* common: weight decreased. *Injury, poisoning and procedural complications:* very common: infusion reaction. *Immune system disorders:* uncommon: anaphylactic reaction. Observed in patients treated with isatuximab in combination with carfilzomib and dexamethasone: *Infections/infestations:* very common: pneumonia, upper respiratory tract infection, bronchitis: common: Herpes Zoster. Vascular disorder: very common: hypertension. *Neoplasms benign, malignant and unspecified:* common: Skin cancers and solid tumors non-skin cancers. *Blood/lymphatic system disorders:* common: neutropenia, anaemia, thrombocytopenia, unknown frequency: lymphopenia. *Respiratory, thoracic and mediastinal disorders:* very common: dyspnoea and cough. *Gastrointestinal disorders:* very common: diarrhoea and vomiting. *General disorders and administration site conditions:* very common: Fatigue. *Injury, poisoning and procedural complications:* very common: infusion reaction. *Immune system disorders:* uncommon: anaphylactic reaction. Reported in patients with multiple myeloma treated with isatuximab in combination with bortezomib, lenalidomide, and dexamethasone: *Infections/infestations:* very common: pneumonia, bronchitis, Covid-19. *Neoplasms benign, malignant and unspecified:* common: skin cancer, solid tumour, uncommon: haematology malignancy. *Blood and lymphatic system disorders:* very common: neutropenia, thrombocytopenia, common: anaemia, not known: lymphopenia. *Immune system disorders:* uncommon: anaphylactic reaction. *Eye disorders:* very common: cataract. *Gastrointestinal disorders:* very common: diarrhoea, common: vomiting. *General disorders and administration site conditions:* very common: fatigue. *Injury, poisoning and procedural complications:* very common: infusion reaction.

Pharmacotherapeutic group: Antineoplastic agents, monoclonal antibodies, ATC code: L01FC02.

List of excipients: Sucrose, Histidine hydrochloride monohydrate, Histidine, Polysorbate 80 and Water for injections.

Legal classification: Prescription Only Medicine.

Marketing authorization holder: Sanofi Winthrop Industrie, 82, avenue Raspail, 94250 Gentilly, France.

Date of last revised: January 2025.

Abbreviated Prescribing Information based on the EU SmPC as of January 2025.

Before prescribing always refer to your full local prescribing information as this information may vary from country to country

SARCLISA®
(isatuximab)

SARCLISA®
(isatuximab)

Find more information and resources at
SanofiMyelomaHCP.com

Reference: SARCLISA [summary of product characteristics]. sanofi-aventis groupe: Paris, France; 2025.

▽ 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.

sanofi

MAT-GLB-2402039-v2.0-02/2025