Clinical Oversight Review Board (CORB) Criteria for Prescribing

Isatuximab-irfc (Sarclisa)

Formulary **isatuximab-irfc (Sarclisa)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

Initiation (new start) criteria: Formulary **isatuximab-irfc (Sarclisa)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient is at least 18 years of age
- Patient has diagnosis of relapsed or refractory multiple myeloma (MM)
- Patient received at least 1 prior line of therapy for MM

-OR-

- Patient is at least 18 years of age
- Patient has diagnosis of amyloidosis (AL)
- No significant volume overload precluding IV infusion

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