

Sanofi-Aventis 100 mg / 5 mL · 500 mg / 25 mL single-dose vials IV infusion (1.25–3.5 hr) Reviewed: May 2, 2026 ASP: Q2 2026

HCPCS J9227 10 mg = 1 unit	DOSE (75 KG) 75 units 750 mg = 10 mg/kg	MODIFIER JZ / JW Required (vial-draw)	ADMIN CPT 96413 + 96415 Chemo IV	MEDICARE ASP+6% \$83.577 /10 mg · \$6,268.28 / 750 mg
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CODES & NDC

HCPCS	J9227 — "Inj, isatuximab-irfc, 10 mg" (permanent, eff. 1/1/2021)
NDC	00024-5824-01 (100 mg/5 mL) / 00024-5825-01 (500 mg/25 mL) — N4 qualifier
VIALS	100 mg / 5 mL · 500 mg / 25 mL (20 mg/mL); single-dose
BENEFIT	Medical (provider buy-and-bill); not specialty pharmacy

ADMINISTRATION

CODE	WHEN
96413	Chemo IV initial hr (primary, x 1)
96415	Each addl hr. First inf ~3.5 hr = 2–3 units. Subseq 1.25–2.0 hr = 0–1 unit.
96365	NOT appropriate — chemo admin per AMA for complex mAbs

ANTI-CD38 CLASS — PICK THE RIGHT J-CODE

PRODUCT	HCPCS	ROUTE	Q2'26 ASP+6%
Sarclisa (isatuximab-irfc)	J9227	IV 10 mg/kg	\$83.577/10 mg
Darzalex (daratumumab)	J9145	IV 16 mg/kg	\$70.774/10 mg
Darzalex Faspro (dara + hyal)	J9144	SC 1,800 mg fixed	\$55.032/10 mg

MODIFIERS

MOD	WHEN
JZ	No waste — required since 7/1/2023
JW	Waste line, separate — required since 1/1/2017
25	Same-day E/M (significant, separately ID'able)
340B	JG / TB per MAC policy

One of JZ or JW must be on every J9227 claim. Weight-based dosing → waste at certain weights (e.g., 75 kg = 50 mg waste).

Isatuximab is IV only. No SC formulation. Daratumumab has both IV (J9145) and SC (J9144) — pick the right code per order.

ICD-10 — MULTIPLE MYELOMA

CODE	FOR
C90.00	MM not in remission (active dx)
C90.01	MM in remission (maint phase)
C90.02	MM in relapse (R/R, Isa-Pd / Isa-Kd)
Z51.12	Encounter for antineoplastic immunotherapy (secondary)

DOSING BY COMBO — 10 MG/KG IV ALL COMBOS

COMBO	SETTING	CYCLE 1	C2+	MAINT.
Isa-Pd (+ pom + dex)	R/R MM ≥1 prior	qw × 4	q2wk	continuous q2wk
Isa-Kd (+ carfiliz + dex)	R/R MM 1–3 prior	qw × 4	q2wk	continuous q2wk
Isa-VRd (+ V + R + d) NEW 2024	1L NDMM transplant-INELIGIBLE (IMROZ)	qw × 4	q2wk × 4 cycles	q4wk + VRd

IMROZ Sept 2024: 1L approval expanded Sarclisa from R/R-only into newly diagnosed patients. Watch for new-start volume.

PAYER REQUIREMENTS (MAY 2026)

PAYER	PA	CRITERIA
UnitedHealthcare	Yes	R/R: ≥1 prior. 1L: transplant-ineligible documented.
Aetna	Yes	FDA label; site-of-care UM disfavors HOPD after 3 mo
BCBS plans	Yes	NCCN aligned; some review Sarclisa vs Darzalex
Medicare FFS	No	MAC LCDs cover all FDA-approved indications

Concurrent PA on combo backbone: pomalidomide REMS, carfilzomib UM, lenalidomide REMS — all required alongside Sarclisa PA.

DOSE MATH BY WEIGHT (10 MG/KG)

KG	MG	UNITS	VIALS / WASTE
50	500	50	1×500 (JZ)
60	600	60	1×500 + 1×100 (JZ)
70	700	70	1×500 + 2×100 (JZ)
75	750	75	1×500 + 3×100, discard 50 mg (JW 5)
80	800	80	1×500 + 3×100 (JZ)
90	900	90	1×500 + 4×100 (JZ)
100	1,000	100	2×500 (JZ)

PREMEDICATION — REQUIRED 15–60 MIN PRE

- Acetaminophen 650–1,000 mg PO
- Diphenhydramine 25–50 mg IV/PO (IV preferred first 4)
- Methylprednisolone 100 mg IV (or PO equiv / dex equivalent)
- Montelukast 10 mg PO (optional)

~38% infusion reactions during Cycle 1. Anaphylaxis kit at bedside. First 4 infusions = highest CRS risk. Premeds bill separately (96372 / 96374 / 96365).

MEDICARE REIMBURSEMENT (Q2 2026)

FIELD	VALUE
ASP + 6%	\$83,577 / 10 mg (eff. 4/1 – 6/30/2026)
750 mg dose (75 kg)	\$6,268.28 (75 × ASP+6%)
1,000 mg dose (100 kg)	\$8,357.70 (100 × ASP+6%)
Yr 1 Isa-Pd / Isa-Kd (75 kg, ~28 doses)	~\$175,512
Yr 1 Isa-VRd (75 kg, ~19 doses)	~\$119,098

PATIENT ASSISTANCE — SANOFI PATIENT CONNECTION

- Sarclisa-specific: 1-833-930-6357
- Sanofi Patient Connection (oncology): 1-888-847-4877 (1-888-VITALPATH)
- Co-pay program (commercial): as little as **\$5 first dose**; excludes Medicare/Medicaid
- Sanofi Patient Assistance Foundation: free drug for uninsured/underinsured
- PAN, HealthWell, CancerCare, LLS for Medicare patients (verify open MM funds quarterly)
- Web: sarclisa.com / sanoficares.us

NOTIFY THE LAB before first dose. Isatuximab is IgG kappa — shows up as small M-spike on SPE/IFE (false positive). Lab should use IFE Hydrashift or report interference. Same anti-CD38 class effect as Darzalex. Also notify blood bank: positive Coombs / RBC type & screen interference for several months.