

Isatuximab-irfc (SARCLISA ESCENA™) with the CirCLIQ™ On-Body Delivery System Treatment Discussion Guide

Filling Base

Green Vial Port

Gray Retainer Strap

Red Fill Gauge



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Isatuximab-irfc (SARCLISA ESCENA™) with the CirCLIQ™ On-Body Delivery System

The treatment landscape for multiple myeloma has changed substantially over the past decade with the incorporation of immunotherapies, triplet and quadruplet combination regimens, and continuous treatment strategies that have improved the depth and durability of response for patients across the disease continuum. Anti-CD38 monoclonal antibodies have become a cornerstone of therapy, demonstrating improvements in clinical outcomes when incorporated into frontline and relapsed/refractory treatment regimens.¹⁻³ As these therapies are increasingly administered over extended treatment durations, attention has expanded beyond efficacy alone to include strategies that optimize treatment delivery, patient experience, and operational efficiency.

Isatuximab-irfc is a CD38-directed monoclonal antibody with an established role in the treatment of multiple myeloma. SARCLISA ESCENA™ (isatuximab-irfc) is approved for subcutaneous administration in combination with bortezomib, lenalidomide, and dexamethasone (VRd) for adults with newly diagnosed multiple myeloma who are not eligible for autologous stem cell transplantation; in combination with pomalidomide and dexamethasone (Pd) for adults who have received at least one prior line of therapy including lenalidomide and a proteasome inhibitor; and in combination with carfilzomib and dexamethasone (Kd) for adults with relapsed or refractory multiple myeloma who have received one to three prior lines of therapy.^{1,4} These regimens are incorporated into the National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Multiple Myeloma and represent treatment options across multiple stages of disease management.⁵

Historically, advances in oncology drug administration have focused on improving the efficiency and convenience of treatment delivery while maintaining clinical outcomes. The transition from prolonged intravenous (IV) infusions to more streamlined administration approaches has the potential to reduce treatment burden for patients and infusion centers while supporting greater flexibility in scheduling and resource utilization. The development of subcutaneous formulations and innovative delivery technologies represents an extension of this evolution in oncology care.

The July 2026 U.S. Food and Drug Administration (FDA) approval of SARCLISA ESCENA for subcutaneous administration with the CirCLIQ™ On-Body Delivery System (OBDS) or by manual

administration provides an alternative to IV isatuximab-irfc across its approved multiple myeloma treatment settings.^{1,4} The Phase 3 IRAKLIA trial evaluated fixed-dose subcutaneous isatuximab-irfc administered by on-body injector plus Pd compared with IV isatuximab-irfc plus Pd in patients with relapsed or refractory multiple myeloma. The study met its coprimary endpoints, demonstrating noninferiority of pharmacokinetic exposure and an overall response rate of 71.1% with subcutaneous isatuximab-irfc compared with 70.5% with IV isatuximab-irfc.^{3,4}

Additional clinical studies evaluated fixed-dose subcutaneous isatuximab-irfc in other approved treatment settings. The Phase 2 IZALCO study evaluated subcutaneous isatuximab-irfc plus Kd in patients with relapsed or refractory multiple myeloma and reported an overall response rate of 79.7%.^{4,6} The Phase 2 IsaSoCut study evaluated subcutaneous isatuximab-irfc plus VRd in patients with newly diagnosed multiple myeloma who were not eligible for stem cell transplantation and reported an overall response rate of 97.3%.^{4,7} Together with IRAKLIA, these studies supported the use of the 1,400-mg fixed subcutaneous dose across the approved SARCLISA ESCENA treatment settings.^{1,4}

Across the subcutaneous studies, administration reactions and injection-site reactions were generally uncommon, with no new safety signals identified.^{3,6,7} Additional adverse reactions may occur with isatuximab-irfc SC and the combination regimens in which it is administered; refer to the SARCLISA ESCENA Prescribing Information for complete safety information, including warnings and precautions.¹ In IZALCO, among evaluable participants, 74.5% of patients preferred administration of isatuximab-irfc SC with the CirCLIQ OBDS compared with 17.0% who preferred manual administration of isatuximab-irfc SC; 78.9% of healthcare professionals also preferred administration with the CirCLIQ OBDS.⁶ These findings highlight the potential for the CirCLIQ OBDS to provide an alternative administration experience while maintaining established isatuximab-irfc-containing treatment regimens.

For medically integrated oncology practices, implementation of a new drug delivery platform extends beyond the administration procedure itself. Successful adoption requires coordinated planning among physicians and advanced practice providers (APPs), nurses, pharmacists, pharmacy technicians, financial specialists, and administrative staff. Considerations include patient selection, treatment scheduling, reimbursement, drug procurement and preparation, patient education, workflow integration, and adverse event monitoring. Multidisciplinary collaboration is essential to support consistent, safe, and efficient implementation of SARCLISA ESCENA.



How to Use this Treatment Discussion Guide:

This Treatment Discussion Guide was developed to support the multidisciplinary oncology team in integrating SARCLISA ESCENA into clinical practice. Organized by professional role, the guide outlines key clinical, operational, and patient care considerations for physicians and advanced practice providers, nurses, pharmacists, and pharmacy technicians. **For consistency throughout this guide, SARCLISA ESCENA will be referred to as isatuximab-irfc SC when describing the subcutaneous formulation.** By aligning responsibilities across the medically integrated team, practices can successfully incorporate this new delivery technology while maintaining high-quality, patient-centered care throughout the multiple myeloma treatment journey.

➤ Physician/Advanced Practice Provider (APP)



Patient Selection and Treatment Planning

Key Consideration

Is isatuximab-irfc SC appropriate for this patient and treatment regimen?

Patient Discussion

- › Isatuximab-irfc SC is used with other medications to treat multiple myeloma.
- › Your treatment plan is based on your disease, prior therapy, overall health, and treatment goals.
- › Your care team will discuss the expected benefits, potential risks, and available administration options.

Physician/APP Responsibilities

- › Confirm the indication, combination regimen, transplant status, performance status, comorbidities, and disease characteristics.
- › Evaluate clinical factors that may affect treatment tolerance or administration method.
- › Establish treatment goals and use shared decision-making to finalize the plan.



Clinical Readiness and Toxicity Management

Key Consideration

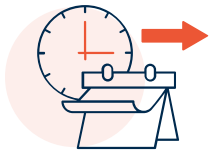
Is the patient clinically ready to receive treatment?

Patient Discussion

- › Report fever, infection symptoms, breathing changes, rash, swelling, diarrhea, numbness or tingling, or other new symptoms before treatment.
- › Your care team will review your laboratory results and current health before each dose.
- › Continue supportive medications as prescribed.

Physician/APP Responsibilities

- › Review interval history, recent hospitalizations, prior reactions, infections, and new or worsening symptoms.
- › Review required laboratory values and determine whether treatment should proceed, be delayed, or be modified.
- › Evaluate clinically significant toxicities, initiate or adjust supportive care, and modify the treatment plan when indicated.



Response Assessment and Long-Term Strategy

Key Consideration

Is the patient benefiting from treatment, and should the current strategy continue?

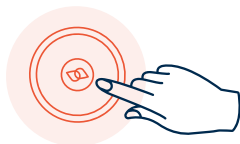
Patient Discussion

- › Laboratory tests and other assessments will be used to determine how well treatment is working.
- › Treatment may continue as long as it controls the disease and side effects remain manageable.
- › Your care team will regularly reassess your response, quality of life, and treatment goals.

Physician/APP Responsibilities

- › Assess response and order additional disease evaluations when clinically indicated.
- › Reassess toxicity, quality of life, adherence, and patient preferences over time.
- › Determine whether to continue, delay, interrupt, discontinue, or transition therapy.

➤ Nursing



Subcutaneous Administration with the CirCLIQ On-Body Delivery System (OBDS)

Key Consideration

How should I prepare the patient for isatuximab-irfc SC administration with the On-Body Delivery System?

Patient Discussion

- › Isatuximab-irfc SC is a fixed 1,400-mg subcutaneous (layer of fat beneath your skin) dose administered with the CirCLIQ On-Body Delivery System or by manual administration.
- › Isatuximab-irfc SC is administered under the skin of the abdomen by a healthcare professional. The CirCLIQ On-Body Delivery System delivers the medication hands-free, with no need for continual manual push.
- › The injection could take up to 20 minutes. In some patients, delivery may take longer because of differences in how the medication is absorbed.
- › Keep the device and injection site dry. Do not bathe or sleep during administration. You may move around and perform light or non-strenuous routine activities.
- › Avoid touching or adjusting the device.
- › The injection is complete when the button pops out. Your nurse will confirm completion before removing the device.

Nursing Responsibilities

OBDS Preparation

- › When responsible for OBDS preparation, follow the CirCLIQ Instructions for Use and institutional procedures for filling and preparing the OBDS.
- › Verify the correct isatuximab-irfc SC vial and inspect the CirCLIQ OBDS packaging and components before preparation.
- › Prepare and fill the CirCLIQ OBDS using the filling base according to the manufacturer's Instructions for Use.
- › Confirm successful filling using the fill gauge before removing the OBDS from the filling base.
- › Maintain appropriate handling of the OBDS during preparation and prior to application.
- › Follow the manufacturer's Instructions for Use for applicable preparation, handling, storage, and administration time requirements.⁸

Application/Administration

- › Confirm that the patient has no known acrylic allergy because the device adhesive contains acrylic.
- › Inspect the proposed application site before administration. Select a flat area of the abdomen at least 2 inches from the navel.
- › Avoid skin that is red, tender, hot, injured, scarred, folded, or excessively hairy.
- › Rotate each administration site at least 1 inch from the previous site.

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Nursing Responsibilities

- › Position the device so the fill window remains visible.
- › Educate the patient on device activation, expected delivery time, activity restrictions, and the signs that delivery is complete.
- › Remain alert for systemic administration reactions throughout delivery.
- › Confirm that the button has popped out before removing the device. Slowly remove it using the adhesive tab and dispose of it in a sharps container.



Administration-Reaction and Injection-Site Monitoring

Key Consideration

What symptoms should be monitored during and after isatuximab-irfc SC administration?

Patient Discussion

- › Reactions can occur during or after administration, even though systemic reactions occurred less often with the subcutaneous formulation than with IV administration in clinical studies.
- › Tell your nurse immediately if you experience:
 - › Trouble breathing, wheezing, chest tightness, or throat tightness
 - › Swelling of the face, lips, mouth, or tongue
 - › Dizziness, weakness, faintness, chills, nausea, or vomiting
 - › Rash, itching, flushing, or a sudden change in how you feel
- › Mild redness, swelling, discomfort, or tenderness may occur at the injection site.
- › Contact your care team if an injection-site reaction becomes painful, spreads, worsens, or does not improve.

Nursing Responsibilities

- › Verify administration of prescribed premedications 15 to 60 minutes before isatuximab-irfc SC. See [prescribing information](#) for recommended premedications and antimicrobial prophylaxis.
- › Assess baseline vital signs and the patient's current symptoms before device activation.
- › Monitor the patient for systemic administration reactions and hypersensitivity during administration.
- › Stop the current administration for a suspected grade 2 or higher systemic administration reaction. Initiate supportive care and notify the provider.
- › Assess the application site during administration when visible and again after device removal.
- › Document erythema, swelling, pain, bleeding, leakage, adhesive injury, or other local findings.
- › For a grade 2 injection-site reaction during delivery, pause the device as directed and resume only after symptoms improve to grade 1.
- › Reinforce when the patient should contact the clinic after leaving the treatment area.



On-Body Delivery System Failure or Incomplete Delivery

Key Consideration

What should be done if the CirCLIQ On-Body Delivery System does not operate as expected?

Patient Discussion

- › Tell your nurse immediately if the device becomes loose, falls off, leaks, stops delivering medication, or causes increasing pain.
- › Do not try to reposition or reattach the device after it has been applied.
- › Do not touch the needle or any medication that may be present on the device.
- › Your nurse will determine whether the full dose was delivered and will contact the appropriate support team for further instructions.

Nursing Responsibilities

If the button has not popped out after 20 minutes:

- › Continue to observe the device. Delivery may take longer because of local medication absorption.
- › Allow up to 60 minutes for the button to pop out.

If the button has not popped out after 60 minutes:

- › Slowly remove the device from the skin.
- › Do not touch the needle or medication that may be present on the injector.
- › Place the device in a sharps container.
- › Assess the application site and the patient's condition.
- › Document the device status, elapsed delivery time, visible fill-gauge position, leakage, and any suspected incomplete dose.
- › Notify the prescribing provider and pharmacy before administering any replacement medication. Do not automatically repeat the dose because the amount delivered may be uncertain.
- › Contact Sanofi at 1-800-633-1610 for device assistance and follow institutional medication-error and device-event reporting procedures.

If the device falls off:

- › Carefully pick up the device without touching the needle or medication.
- › Do not reapply it to the patient.
- › Place it in a sharps container.
- › Inspect the patient's skin and determine whether medication leakage is visible.
- › Notify the provider and pharmacy to evaluate the amount that may have been delivered.
- › Contact Sanofi at 1-800-633-1610 for device assistance.

If the device must be paused because of pain or an injection-site reaction:

- › Hold the device button down to stop medication flow.
- › Release the button when it is appropriate to resume delivery.
- › Follow the prescribing information and institutional protocol for reaction management.



Ongoing Safety and Supportive Care

Key Consideration

What ongoing assessments and education should I provide during isatuximab-irfc SC treatment?

Patient Discussion

- › Your care team will monitor your blood counts because treatment may lower the number of infection-fighting white blood cells.
- › Contact your care team promptly for fever, chills, cough, painful urination, shortness of breath, or other signs of infection.
- › Report worsening fatigue, diarrhea, constipation, numbness or tingling, swelling, rash, or uncontrolled pain.
- › Keep all laboratory and treatment appointments, even when you are feeling well.
- › Tell other healthcare professionals that you are receiving isatuximab-irfc SC because it may interfere with certain blood and multiple myeloma laboratory tests.

Nursing Responsibilities

- › Monitor complete blood counts and assess for infection before and throughout treatment.
- › Reinforce prescribed antiviral, antibacterial, or other supportive medications.
- › Assess for fatigue, gastrointestinal symptoms, musculoskeletal pain, neuropathy, edema, rash, and regimen-specific adverse events.
- › Confirm that blood typing and screening were completed before treatment initiation.
- › Remind the patient to inform outside healthcare facilities that they are receiving isatuximab-irfc SC.
- › Coordinate symptom management with the provider and pharmacist.
- › Document patient education, treatment tolerance, injection-site findings, device performance, and follow-up needs.

➤ Pharmacist



Medication Verification and Preparation

Key Consideration

What should I verify to support the safe and appropriate use of isatuximab-irfc SC?

Patient Discussion

- › Isatuximab-irfc SC is the subcutaneous formulation. It is given into the fatty layer beneath the skin of the abdomen.
- › The dose is 1,400 mg, regardless of body weight.
- › The treatment schedule is based on a 28-day treatment cycle and depends on the other medicines included in your regimen:
 - › With pomalidomide and dexamethasone, or carfilzomib and dexamethasone: Weekly during Cycle 1, then every 2 weeks beginning with Cycle 2.
 - › With bortezomib, lenalidomide, and dexamethasone: Weekly during Cycle 1, every 2 weeks during Cycles 2 through 12, and every 4 weeks beginning with Cycle 13.
- › Isatuximab-irfc SC may be given with the CirCLIQ On-Body Delivery System or by manual administration with a syringe and infusion set.
- › Tell your care team if you have an allergy to acrylic or medical adhesives.
- › Tell your care team if you are pregnant, may become pregnant, plan to become pregnant, or are breastfeeding.

Pharmacist Responsibilities

Product and Regimen Verification

- › Confirm the correct regimen, route of administration (subcutaneous) cycle, treatment day, administration method, premedications, and supportive-care medications.
- › Confirm that patients transitioning from IV isatuximab-irfc have completed the first treatment cycle.
- › Screen for acrylic allergy before CirCLIQ use and coordinate an alternative approved administration method when needed.

Administration-Method Preparation

CirCLIQ OBDS

- › Confirm CirCLIQ OBDS is the intended administration method.
- › Verify package integrity, expiration, and appropriate product selection.
- › When pharmacy is responsible for preparation, fill and prepare the CirCLIQ OBDS according to the manufacturer's Instructions for Use and institutional procedures.
- › Confirm successful filling using the fill gauge and follow applicable handling and storage requirements.⁸

Manual Administration

- › Confirm manual SC administration is the intended administration method.
- › Verify the labeled syringe, filtered transfer needle, and subcutaneous infusion-set specifications.

Continued ➤

Pharmacist Responsibilities

- › On days when carfilzomib is also administered, verify the sequence:
 - › Dexamethasone
 - › Isatuximab-irfc SC
 - › Carfilzomib infusion

Premedication and Prophylaxis

- › Verify administration 15 to 60 minutes before isatuximab-irfc SC:
- › Dexamethasone:
 - › 40 mg orally or intravenously with pomalidomide
 - › 20 mg orally or intravenously for patients aged 75 years or older receiving pomalidomide
 - › 20 mg orally or intravenously with carfilzomib
 - › 20 mg orally with bortezomib and lenalidomide
- › Leukotriene receptor antagonist during Cycle 1 only on Days 1, 8, 15, and 22
- › Acetaminophen 650 to 1,000 mg orally
- › Diphenhydramine 25 to 50 mg orally or intravenously, or equivalent; IV administration is preferred for at least the first four doses
- › Confirm that dexamethasone is not duplicated between premedication and the treatment regimen.
- › If no systemic administration reaction occurs during Cycle 1, assess patient-specific factors and consider omitting subsequent premedications.
- › Assess the need for antibacterial and antiviral prophylaxis, including herpes zoster prophylaxis.

Reproductive Safety and Risk Evaluation and Mitigation Strategy (REMS)*

- › Confirm pregnancy testing when applicable.
- › Counsel patients who can become pregnant to use effective contraception during treatment and for 7 months after the last dose.
- › Counsel patients not to breastfeed during treatment and for 7 months after the last dose.
- › Confirm all applicable pomalidomide- or lenalidomide-specific REMS requirements and required authorization.

**For pomalidomide- or lenalidomide-containing regimens.*



Managing Common Side Effects

Key Consideration

How should I help prevent and manage common and serious adverse effects associated with isatuximab-irfc SC and its combination regimens?

Patient Discussion

- › Tell your care team immediately if you develop trouble breathing, swelling of the face or throat, dizziness, fainting, rash, itching, chills, or another sudden change in how you feel.
- › Report fever or other signs of infection right away.
- › Your care team will monitor your blood counts because treatment may lower white blood cells, red blood cells, and platelets.
- › Tell your care team about unusual bruising or bleeding, worsening tiredness, diarrhea, constipation, numbness or tingling, rash, swelling, or pain that interferes with daily activities.
- › If your treatment includes carfilzomib, report trouble breathing, cough, rapid weight gain, or swelling of the legs or feet immediately.
- › Tell your pharmacist about all prescription medicines, over-the-counter medicines, vitamins, and herbal supplements you take.

Pharmacist Responsibilities

Administration Reactions

- › Systemic administration reaction:
 - › Grade 2: Stop the current administration and do not complete the dose. Provide additional premedication before future administrations as needed.
 - › Grade 3: Stop and do not complete the dose. Resume at the next planned administration when appropriate; permanently discontinue after a third Grade 3 reaction.
 - › Grade 4: Permanently discontinue isatuximab-irfc SC.
- › Injection-site reaction:
 - › Grade 2 during administration: Interrupt administration and resume only after improvement to Grade 1. CirCLIQ may be paused, or the manual administration rate may be slowed.
 - › Grade 2 after administration: Continue treatment after improvement to Grade 1.
 - › Grade 3 or 4: Permanently discontinue isatuximab-irfc SC.

Blood-Count Abnormalities and Infection

- › Monitor complete blood cell counts periodically, including neutrophils, leukocytes, lymphocytes, hemoglobin, and platelets.
- › For Grade 4 neutropenia, delay or omit isatuximab-irfc SC until the neutrophil count recovers to at least $1 \times 10^9/L$; coordinate growth-factor support when appropriate.
- › Evaluate bruising or bleeding for thrombocytopenia and worsening fatigue, weakness, or dyspnea for anemia.
- › Confirm appropriate antimicrobial prophylaxis and promptly escalate suspected infection or pneumonia.

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Pharmacist Responsibilities

Regimen-Related Adverse Effects

- › Assess for and support management of:
 - › Diarrhea, constipation, nausea, and vomiting
 - › Fatigue and musculoskeletal pain
 - › Rash, erythema, and edema
 - › Peripheral neuropathy with the bortezomib-containing regimen
- › Review supportive medications, hydration recommendations, and over-the-counter analgesic use.
- › Notify the prescribing team when symptoms may require modification of a combination agent.

Carfilzomib-Containing Regimen

- › Review cardiac history and monitor for dyspnea, cough, edema, rapid weight gain, or reduced exercise tolerance.
- › Promptly escalate suspected cardiac failure.

Second Primary Malignancies

- › Reinforce routine follow-up and age- and risk-appropriate cancer screening.
- › Communicate new or unexplained findings to the treating team.

General Dose-Modification Guidance

- › Do not reduce the isatuximab-irfc SC dose.
- › Manage adverse reactions through dose delay, omission, or permanent discontinuation according to severity.
- › Evaluate whether dose modification of a combination agent is also needed.



Monitoring, Laboratory Coordination, and Treatment Continuity

Key Consideration

How should I coordinate laboratory testing and support safe continuation of treatment?

Patient Discussion

- › If you miss an appointment, contact your care team as soon as possible to reschedule.
- › Tell healthcare professionals that you are receiving isatuximab-irfc SC before blood typing or a blood transfusion.
- › This medicine can affect blood tests for at least 6 months after the last dose.

Pharmacist Responsibilities

Blood-Bank Coordination

- › Confirm blood type and screen before the first dose; consider phenotyping.
- › Ensure the blood bank is informed that the patient is receiving isatuximab-irfc.
- › For emergency transfusion, follow local procedures for non-cross-matched ABO/RhD-compatible red blood cells.

Incomplete or Uncertain CirCLIQ Delivery

- › If device delivery is incomplete, delayed beyond 60 minutes, or the device detaches, coordinate with nursing, the prescriber, and the manufacturer.
- › Do not automatically repeat the dose because the amount delivered may be uncertain.
- › Document the device status, elapsed delivery time, leakage, estimated amount delivered, patient symptoms, and manufacturer guidance.
- › Contact Sanofi at 1-800-633-1610 when device assistance is required.

➤ Pharmacy Technician



Access and Treatment Coordination

Key Consideration

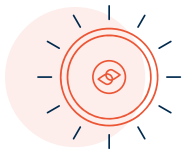
What steps can I take to support timely patient access to isatuximab-irfc SC?

Patient Discussion

- › Your pharmacy team will work with your insurance company to help obtain authorization before treatment.
- › If financial assistance is needed, you may be referred to manufacturer support or copay assistance programs.
- › Let your care team know right away if your insurance changes or if you have concerns about treatment costs or transportation.

Pharmacy Technician Responsibilities

- › Complete insurance benefit investigation and obtain prior authorization before treatment initiation.
- › Coordinate copay assistance, manufacturer support programs, and financial assistance resources when appropriate.
 - › [CareASSIST® from Sanofi – Financial Assistance](#)
- › Assist patients with required documentation for financial assistance or insurance appeals, when applicable.
- › Communicate insurance approvals, denials, and authorization renewals with the care team to avoid treatment delays.
- › Coordinate medication availability and scheduling to support timely treatment administration.
- › Identify and help address logistical barriers that may delay treatment, including transportation, scheduling, or insurance changes.



CirCLIQ Device Coordination and Replacement

Key Consideration

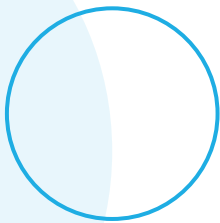
How should I support care if On-Body Delivery System administration is interrupted or does not proceed as expected?

Patient Discussion

- › If your device becomes loose, leaks, falls off, or does not appear to finish delivering your medication, notify your care team immediately.
- › Your healthcare team will determine whether another dose is needed and coordinate next steps.

Pharmacy Technician Responsibilities

- › Notify the pharmacist promptly when an incomplete or uncertain device delivery is reported.
- › Coordinate replacement product or reschedule treatment after pharmacist and provider evaluation of a reported OBDS malfunction.
- › Assist with manufacturer replacement processes and required documentation for device-related issues, following institutional procedures.
- › Coordinate rescheduling of treatment visits when additional medication or evaluation is required.
- › Document insurance or authorization needs if replacement medication is required.
- › Verify any additional authorization requirements if replacement medication is needed.





Financial Assistance

Key Consideration

Who should patients contact if they have concerns about the cost of isatuximab-irfc SC?

Patient Discussion

- › If treatment costs are a concern, let your care team know as early as possible.
- › Financial assistance programs may be available depending on your insurance coverage and eligibility.
- › Changes in insurance coverage should be reported promptly to avoid delays.

Pharmacy Technician Responsibilities

- › Identify potential financial barriers and determine whether manufacturer or other financial assistance resources may be appropriate.
- › Educate eligible patients about available manufacturer support programs ([CareASSIST® from Sanofi](#)) and assist with enrollment when appropriate.
- › Help obtain and submit required insurance, income, provider, or other supporting documentation.
- › Track the status of financial assistance applications and communicate updates or outstanding requirements to the patient and care team.
- › Coordinate with the pharmacist, financial navigation team, and manufacturer support program to help minimize treatment delays.



Scheduling

Key Consideration

What should patients do if they need to reschedule an appointment or miss a treatment visit?

Patient Discussion

- › Contact your care team as soon as possible if you cannot attend your scheduled appointment.
- › Do not wait until your next scheduled treatment.
- › Your healthcare team will determine the best time to receive your next dose.

Pharmacy Technician Responsibilities

- › Coordinate scheduling changes.
- › Notify the care team.
- › Ensure medication and device availability for the new appointment.



Insurance Changes

Key Consideration

What should patients do if their insurance changes during treatment?

Patient Discussion

- › Tell your healthcare team immediately if your insurance changes.
- › Insurance changes may require updated authorization before treatment can continue.
- › Reporting changes early can help avoid delays.

Pharmacy Technician Responsibilities

- › Obtain updated insurance information as soon as a coverage change is reported.
- › Repeat the benefit investigation and determine whether a new or updated prior authorization is required.
- › Submit required authorization documentation and monitor the status of coverage determinations.
- › Communicate changes in coverage, authorization requirements, or anticipated delays to the patient and care team.
- › Coordinate with [CareASSIST® from Sanofi](#) or other financial assistance resources when a change in coverage creates a treatment-access barrier.
- › Confirm authorization and medication availability before the patient's next scheduled treatment whenever possible.

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