Medical Policy:

Fyarro™ (sirolimus protein-bound particles) intravenous infusion

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.348	April 7, 2025	February 10, 2022

The treating physician or primary care provider must submit to EmblemHealth, or ConnectiCare, as applicable (hereinafter jointly referred to as "EmblemHealth"), the clinical evidence that the member meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request preauthorization or post-payment review. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Health care providers are expected to exercise their medical judgment in rendering appropriate care.

EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary.

If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication.

EmblemHealth may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice. EmblemHealth Services Company, LLC, has adopted this policy in providing management, administrative and other services to EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) related to health benefit plans offered by these entities. ConnectiCare, an EmblemHealth company, has also adopted this policy. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

Definitions

Fyarro, a mammalian target of rapamycin (mTOR) inhibitor, is indicated for the treatment of adults with locally advanced unresectable or metastatic malignant perivascular epithelioid cell tumor (PEComa).

Length of Authorization

Coverage will be provided for 1 year and may be renewed.

Dosing Limits [Medical Benefit]

Approve up to 100 mg/m^2 given intravenously on Days 1 and 8 of each 21-day cycle.

Max Units (per dose and over time) [HCPCS Unit]:

• 300 billable units (300 mg) on days 1 and 8 of every 21-day cycle

Guideline

I. Initial Approval Criteria

1. **Perivascular Epithelioid Cell Tumor (PEComa), Malignant**: Approve if the patient meets all of the following criteria:

Note: Examples of possible sites of PEComa include, but are not limited to, the gastrointestinal tract, kidneys, and uterus.

A. Patient is ≥ 18 years of age; **AND**
B. Patient meets **ONE** of the following (i **or** ii):
    i. Patient has locally advanced unresectable disease; **OR**
    ii. Patient has metastatic disease; **AND**
C. Fyarro is prescribed by or in consultation with an oncologist.

II. Renewal Criteria

1. Member has responded positively to the treatment as determined by the prescribing physician; **AND**
2. Member has not experienced unacceptable toxicity from the drug. *(Examples of unacceptable toxicity include: stomatitis, myelosuppression (e.g., anemia, thrombocytopenia neutropenia), infections, hypokalemia, hyperglycemia, interstitial lung disease/non-infections pneumonitis, hemorrhage, azoospermia/oligospermia, severe hypersensitivity reactions, etc.)*

Limitations/Exclusions:

1. Disease progression while taking Fyarro (inravenous sirolimus).
2. Dosing exceeds single dose limit of Fyarro (inravenous sirolimus) 100 mg/m^2.
3. Investigational use of Fyarro (inravenous sirolimus) with an off-label indication that is not sufficient in evidence or is not generally accepted by the medical community.

Applicable Procedure Codes

Code	Description
C9091	Injection, sirolimus protein-bound particles, 1 mg
J9331	Injection, sirolimus protein-bound particles, 1 mg; 1 billable unit = 1 mg

Applicable NDCs

Code	Description
80803-0153-50	Fyarro 100MG/vial, single dose vial

ICD-10 Diagnoses

Code	Description
C48.0	Malignant neoplasm of retroperitoneum
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.2	Malignant neoplasm of peritoneum, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C49.5	Malignant neoplasm of connective and soft tissue of pelvis
C49.9	Malignant neoplasm of connective and soft tissue, unspecified
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue
C49.4	Malignant neoplasm of connective and soft tissue of abdomen
D49.2	Neoplasm of unspecified behavior of bone, soft tissue, and skin
Z85.831	Personal history of malignant neoplasm of soft tissue

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	4/7/2025	Annual Review: No criteria changes.
EmblemHealth & ConnectiCare	3/1/2024	Annual Review: Updated dosing limits, added J9331, added examples of unacceptable toxicity in renewal criteria.
EmblemHealth & ConnectiCare	6/28/2023	Annual Review: Removed codes J9999 and J9331, removed ICD-10 Code: 49.6, Added codes: C48.0, C48.1, C48.2, C48.8, C49.5, D49.2, Z85.831
EmblemHealth & ConnectiCare	6/16/2022	Transferred policy to new template.
EmblemHealth & ConnectiCare	2/10/2022	New policy

References

1. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium 2022.
2. Fyarro prescribing information. Aadi Bioscience Inc., Pacific Palisades, CA 2022.