Medical Policy:

Torisel (temsirolimus) Intravenous

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.173	February 10, 2025	July 15, 2019

Definitions

Torisel (temsirolimus) binds with specific and high affinity to immunophilin FKBP-12. This complex inhibits the mammalian target of rapamycin (mTOR) kinase, which leads to G1 phase cell cycle arrest and significant reductions in tumor size, as well as preventing the enhanced angiogenesis that is associated with sporadic renal cell carcinoma and loss of von Hippel Lindau function.

Torisel (temsirolimus) is FDA approved for the treatment of advanced renal cell carcinoma.
Non-FDA labeled indications include: Endometrial Cancer and Soft Tissue Sarcoma

Length of Authorization

Coverage will be provided for 12 months and may be renewed.

Dosing Limits [Medical Benefit]

Max Units (per dose and over time):

- 25 billable units per 7 days

Guideline

I. **Initial Approval Criteria**

Torisel *may be considered medically necessary when any of the following selection criteria is met:*

1. **Renal Cell Carcinoma (RCC).** Approve if the patient meets ALL of the following criteria (A, B, C, and D):
    A. Patient is ≥ 18 years of age; **AND**
    B. Patient has advanced disease; **AND**
    C. Torisel will be used as a single-agent; **AND**
    D. The medication is prescribed by or in consultation with an oncologist.

Other Uses with Supportive Evidence

2. **Endometrial Carcinoma**. Approve if the patient meets ALL of the following criteria (A, B, C, and D):
    A. Patient is ≥ 18 years of age; **AND**
    B. Patient has recurrent, metastatic, or inoperable disease; **AND**
    C. Torisel will be used as a single-agent; **AND**
    D. Patient has **ONE** of the following (i or ii):
        i. Endometrial carcinoma; **OR**
        ii. Uterine perivascular epithelioid cell tumor (PEComa); **AND**
    E. The medication is prescribed by or in consultation with an oncologist.

3. Soft Tissue Sarcoma. Approve if the patient meets ALL of the following criteria (A, B, C, and D):
    A. Patient is ≥ 18 years of age; **AND**
    B. Patient has **ONE** of the following (i, ii, iii, or iv):
        i. Perivascular epithelioid cell tumors (PEComas); **OR**
        ii. Recurrent lymphangioleiomyomatosis; **OR**
        iii. Recurrent angiomyolipoma; **OR**
        iv. Non-pleomorphic rhabdomyosarcoma; **AND**
    C. Patient meets **ONE** of the following (i or ii):
        i. Torisel will be used as a single-agent; **OR**
        ii. Torisel will be used in combination with cyclophosphamide and vinorelbine: **AND**
    D. The medication is prescribed by or in consultation with an oncologist.

Limitations/Exclusions

Torisel is not considered medically necessary for when any of the following selection criteria is met:

1. The member has moderate to severe liver disease, bilirubin greater than 1.5 x ULN.
2. Torisel (temsirolimus) is being used without pretreatment medications (i.e. diphenhydramine).
3. Member has disease progression while taking Torisel (temsirolimus).
4. Torisel (temsirolimus) is being used concurrently with other chemotherapy.
5. Dosing exceeds single dose limit of Torisel (temsirolimus) 25 mg.
6. Indications not supported by CMS recognized compendia or acceptable peer reviewed literature may be deemed as not approvable and therefore not reimbursable.

II. **Renewal Criteria**

1. Patient continues to meet criteria in INITIAL APPROVAL CRITERIA; **AND**

2**.** Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**

3. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe hypersensitivity/infusion reactions, hepatic impairment, hyperglycemia/glucose intolerance, infections, interstitial lung disease, hyperlipidemia, bowel perforation, renal failure, wound healing complications, intracerebral hemorrhage, proteinuria/nephrotic syndrome, etc.

Dosage/Administration

Indication	Dose
All indications	25mg IV infused over 30 to 60 minutes once weekly until disease progression or unacceptable toxicity; premedicate with diphenhydramine 25 to 50mg IV 30 minutes prior to each dose

Applicable Procedure Codes

Code	Description
J9330	Injection, temsirolimus, 1 mg, 1 billable unit = 1 mg

Applicable NDCs

Code	Description
00008-1179-xx	Torisel 25 mg/ml injection

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
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip
C49.3	Malignant neoplasm of connective and soft tissue of thorax
C49.4	Malignant neoplasm of connective and soft tissue of abdomen
C49.5	Malignant neoplasm of connective and soft tissue of pelvis
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue
C49.9	Malignant neoplasm of connective and soft tissue, unspecified
C54.0	Malignant neoplasm of isthmus uteri
C54.1	Malignant neoplasm of endometrium
C54.2	Malignant neoplasm of myometrium
C54.3	Malignant neoplasm of fundus uteri
C54.8	Malignant neoplasm of overlapping sites of corpus uteri

C54.9	Malignant neoplasm of corpus uteri, unspecified
C55	Malignant neoplasm of uterus, part unspecified
C64.1	Malignant neoplasm of right kidney, except renal pelvis
C64.2	Malignant neoplasm of left kidney, except renal pelvis
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis
C65.1	Malignant neoplasm of right renal pelvis
C65.2	Malignant neoplasm of left renal pelvis
C65.9	Malignant neoplasm of unspecified renal pelvis
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	2/10/2025	Annual Review: Initial Criteria: Renal Cell Carcinoma (RCC). Removed "relapsed and Metastatic" from the following statement: "Patient has relapsed, advanced, or metastatic disease; AND" Endometrial Carcinoma. Removed "high risk" from the statement: " Patient has recurrent, metastatic, or high-risk disease" added "inoperable disease;" to the same statement Renewal Criteria Added: "Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; AND Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe hypersensitivity/infusion reactions, hepatic impairment, hyperglycemia/glucose intolerance, infections, interstitial lung disease, hyperlipidemia, bowel perforation, renal failure, wound healing complications, intracerebral hemorrhage, proteinuria/nephrotic syndrome, etc."
EmblemHealth & ConnectiCare	1/2/2024	Annual Review: Initial Criteria: Endometrial Carcinoma: Added requirement that the patient has either endometrial carcinoma or uterine perivascular epithelioid cell tumor (PEComa).
EmblemHealth & ConnectiCare	4/17/2023	Annual Revision: Increased length of authorization from 6 months to 12 months Initial Criteria: Renal Cell Carcinoma- Removed: A.First-line or subsequent therapy as a single agent for relapsed or medically unresectable stage IV clear cell histology disease AND with > 3 high risk factors: i.Serum lactate dehydrogenase level (LDH) >1.5 times the upper limit of normal ii.Hemoglobin level below normal iii.Corrected serum calcium >10milligrams/deciliter (mg/dL) iv.Interval of less than a year from initial diagnosis v.Karnovsky performance status of 60 or 70 (for ECOG conversion status, please see Appendix A). vi.2 or greater metastatic sites. OR First line or subsequent therapy as a single agent for relapsed or medically unresectable stage IV disease with non-clear cell histology Added: A)Patient is ≥ 18 years of age; AND B)Patient has relapsed, advanced, or metastatic disease; AND C)Torisel will be used as a single-agent; AND D)The medication is prescribed by or in consultation with an oncologist.

		Added Other uses with supportive evidence: Other Uses with Supportive Evidence 2.Endometrial Carcinoma. Approve for 1 year if the patient meets ALL of the following criteria (A, B, C, and D): A)Patient is ≥ 18 years of age; AND B)Patient has recurrent, metastatic, or high-risk disease; AND C)Torisel will be used as a single-agent; AND D)The medication is prescribed by or in consultation with an oncologist. Dosing. Each individual dose must not exceed 25 mg administered by intravenous infusion no more frequently than once a week. 3.Soft Tissue Sarcoma. Approve for 1 year if the patient meets ALL of the following criteria (A, B, C, and D): A)Patient is ≥ 18 years of age; AND B)Patient has one of the following (i, ii, iii, or iv): i.Perivascular epithelioid cell tumors (PEComas); OR ii.Recurrent lymphangioleiomyomatosis; OR iii.Recurrent angiomyolipoma; OR iv.Non-pleomorphic rhabdomyosarcoma; AND C)Patient meets one of the following (i or ii): i.Torisel will be used as a single-agent; OR ii.Torisel will be used in combination with cyclophosphamide and vinorelbine: AND D)The medication is prescribed by or in consultation with an oncologist. Removed Z80.49, added C48.0-C49.6 codes
EmblemHealth & ConnectiCare	1/17/2023	Transfer to New Template
EmblemHealth & ConnectiCare	7/15/2019	New Policy

References

1. Torisel [package insert]. Philadelphia, PA; Wyeth Pharmaceuticals Inc; July 2017. Accessed March 2019.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) temsirolimus. National Comprehensive Cancer Network, 2019. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc." To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed March 2019.
3. Hudes G, Carducci M, Tomczak P, et al. Temsirolimus, interferon alfa, or both for advanced renal-cell carcinoma. N Engl J Med. 2007 May 31;356(22):2271-81.
4. Dutcher JP, de Souza P, McDermott D, et al. Effect of temsirolimus versus interferonalpha on outcome of patients with advanced renal cell carcinoma of different tumor histologies. Med Oncol. 2009;26(2):202-9.
5. Oza AM, Elit L, Tsao MS, et al. Phase II study of temsirolimus in women with recurrent or metastatic endometrial cancer: a trial of the NCIC Clinical Trials Group. J Clin Oncol. 2011;29(24):3278-3285.[PubMed 21788564])
6. Italiano A, Delcambre C, Hostein I, et al. Treatment with the mTOR inhibitor temsirolimus in patients with malignant PEComa. Ann Oncol (2010) 21 (5): 1135-1137. [PubMed 20215136])