Fyarro™ (sirolimus albumin-bound)
(Intravenous)

Document Number: SHP-0647

Last Review Date: 05/04/2023
Date of Origin: 01/04/2022
Dates Reviewed: 01/2022, 04/2022, 05/2022, 07/2022, 5/2023

I. Length of Authorization

Coverage is provided for 6 months and may be renewed.

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC Unit]:

- Fyarro 100 mg vial: 6 vials every 21 days

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

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

III. Initial Approval Criteria [1]

Submission of medical records (chart notes) related to the medical necessity criteria is REQUIRED on all requests for authorizations. Records will be reviewed at the time of submission. Please provide documentation related to diagnosis, step therapy, and clinical markers (i.e. genetic and mutational testing) supporting initiation when applicable. Medical records may be submitted via direct upload through the PA web portal or by fax.

Coverage is provided in the following conditions:

- Patient is at least 18 years of age; **AND**

Universal Criteria [1]

- Patient does not have a severe hypersensitivity to rapamycin derivatives (i.e., sirolimus, everolimus, temsirolimus, etc.) or albumin; **AND**
- Therapy will not be administered concurrently with live vaccines and close contact with individuals who have received live vaccines will be avoided; **AND**
- Patient does not have uncontrolled or symptomatic CNS metastases (controlled and asymptomatic CNS metastases are allowed); **AND**

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- Patient has had no prior treatment with and will not be used in combination with other mTOR inhibitors (e.g., sirolimus, everolimus, temsirolimus, etc.); **AND**
- Patient does not have lymphangioleiomyomatosis (LAM); **AND**
- Used as single agent therapy; **AND**

Perivascular Epithelioid Cell Tumor (PEComa) † Φ [1-4]

- Patient has locally advanced unresectable or metastatic disease

Uterine Sarcoma ‡ [2]

- Patient has perivascular epithelioid cell tumor (PEComa); **AND**
- Patient has advanced, recurrent/metastatic, or inoperable disease

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Φ Orphan Drug

IV. Renewal Criteria [1-3]

Coverage can be renewed based upon the following criteria:

- Patient continues to meet universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- 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: stomatitis, myelosuppression (e.g., anemia, thrombocytopenia neutropenia), infections, hypokalemia, hyperglycemia, interstitial lung disease/non-infections pneumonitis, hemorrhage, azoospermia/oligospermia, severe hypersensitivity reactions, etc.

V. Dosage/Administration [1]

Indication	Dose
All Indications	100 mg/m^2 administered intravenously on days 1 and 8 of each 21-day cycle until disease progression or unacceptable toxicity

VI. Billing Code/Availability Information

HCPCS Code:

- J9331 – Injection, sirolimus protein-bound particles, 1 mg; 1 billable unit = 1 mg

NDC:

- Fyarro 100 mg of sirolimus injection, single-dose vial: 80803-0153-xx

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VII. References

1. Fyarro [package insert]. Pacific Palisades, CA; Aadi Bioscience Inc; December 2021. Accessed March 2023.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) sirolimus-albumin bound. National Comprehensive Cancer Network, 2023. 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 2023.
3. Wagner AJ, Ravi V, Riedel RF, et al. nab-Sirolimus for Patients With Malignant Perivascular Epithelioid Cell Tumors. J Clin Oncol. 2021 Oct 12:JCO2101728. doi: 10.1200/JCO.21.01728. [Epub ahead of print].
4. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Soft Tissue Sarcoma Version 1.2023. National Comprehensive Cancer Network, 2023. 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 Guidelines, go online to NCCN.org. Accessed March 2023.

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 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 shoulder
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

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ICD-10	ICD-10 Description
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
D49.2	Neoplasm of unspecified behavior of bone, soft tissue, and skin
Z85.831	Personal history of malignant neoplasm of soft tissue

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA,HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC

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