BlueCross BlueShield
Federal Employee Program
Blue Cross Blue Shield Association
750 9th St NW, Suite 900
Washington, D.C. 20001
1-800-624-5060
Fax 1-877-378-4727

5.21.186

Section:	Prescription Drugs	**Effective Date:**	January 1, 2025
Subsection:	Antineoplastic Agents	**Original Policy Date:**	December 31, 2021
Subject:	Fyarro	**Page:**	1 of 4

Last Review Date: December 13, 2024

Fyarro

Description

Fyarro (sirolimus protein-bound particles for injectable suspension) (albumin-bound) for intravenous use

Background
Fyarro (sirolimus) is an inhibitor of mechanistic target of rapamycin kinase (mTOR). mTOR, a serine threonine kinase, is downstream of the PI3K/AKT pathway, controls key cellular processes such as cell survival, growth, and proliferation, and is commonly dysregulated in several human cancers. In cells, sirolimus binds to the immunophilin, FK Binding Protein-12 (FKBP-12), to generate an immunosuppressive complex. The complex binds to and inhibits activation of the mechanistic target of rapamycin complex 1 (mTORC1). Inhibition of mTOR by sirolimus has been shown to reduce cell proliferation, angiogenesis, and glucose uptake in studies (1).

Regulatory Status
FDA-approved indications: Fyarro is an mTOR inhibitor indicated for the treatment of adult patients with locally advanced unresectable or metastatic malignant perivascular epithelioid cell tumor (PEComa) (1).

Fyarro contains warnings regarding the following: stomatitis, myelosuppression, infections, hypokalemia, hyperglycemia, interstitial lung disease/non-infectious pneumonitis, hemorrhage, hypersensitivity reactions, male infertility, immunizations and risk associated with live vaccines, and risk of transmission of infectious agents with human albumin (1).

Fyarro can cause fetal harm when administered to a pregnant woman. Females of reproductive potential should be advised to avoid becoming pregnant and to use effective contraception while using Fyarro and for 12 weeks after the last dose (1).

The safety and effectiveness of Fyarro in pediatric patients less than 18 years of age have not been established (1).

Related policies

Afinitor

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Fyarro may be considered **medically necessary** if the conditions indicated below are met.

Fyarro may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

1. Locally advanced unresectable or metastatic malignant perivascular epithelioid cell tumor (PEComa)

AND ALL of the following**:**

a. Prescriber agrees to monitor complete blood count (CBC) at baseline and every 2 months for the first year of treatment or as clinically indicated
b. Prescriber agrees to monitor fasting serum glucose for hyperglycemia and serum potassium for hypokalemia
c. **NOT** given concurrently with live vaccines
d. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Fyarro and for 12 weeks after the last dose

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following

1. Locally advanced unresectable or metastatic malignant perivascular epithelioid cell tumor (PEComa)

AND ALL of the following:

a. **NO** disease progression or unacceptable toxicity
b. Prescriber agrees to monitor complete blood count (CBC) every 3 months or as clinically indicated
c. Prescriber agrees to monitor fasting serum glucose for hyperglycemia and serum potassium for hypokalemia
d. **NOT** given concurrently with live vaccines
e. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Fyarro and for 12 weeks after the last dose

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Fyarro (sirolimus) is an mTOR inhibitor used to treat adult patients with locally advanced unresectable or metastatic malignant perivascular epithelioid cell tumor (PEComa). It is given as an intravenous infusion on Days 1 and 8 of each 21-day cycle until disease progression or unacceptable toxicity. Patients on Fyarro should be monitored for myelosuppression, infections, hypokalemia, and hyperglycemia. The safety and effectiveness of Fyarro in pediatric patients less than 18 years of age have not been established (1).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Fyarro while maintaining optimal therapeutic outcomes.

References

1. Fyarro [package insert]. Pacific Palisades, CA: Aadi Bioscience, Inc.; December 2021.
2. NCCN Drugs & Biologics Compendium® Sirolimus, albumin-bound 2024. National Comprehensive Cancer Network, Inc. Accessed on October 7, 2024.

Policy History

Date	Action
December 2021	Addition to PA
March 2022	Annual review and reference update
December 2022	Annual review and reference update
March 2023	Annual review and reference update
September 2023	Annual review and reference update
March 2024	Annual review and reference update
September 2024	Annual review and reference update
December 2024	Annual review and reference update

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on December 13, 2024 and is effective on January 1, 2025.