Reference number(s)
5080-A

Specialty Guideline Management
Fyarro

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Fyarro	sirolimus protein-bound particles (albumin-bound)

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-approved Indications[1]

Fyarro is indicated for the treatment of adult patients with locally advanced unresectable or metastatic malignant perivascular epithelioid cell tumor (PEComa).

Compendial Uses[2]

- PEComa
- Uterine Sarcoma

All other indications are considered experimental/investigational and not medically necessary.

Reference number(s)
5080-A

Coverage Criteria

Perivascular Epithelioid Cell Tumor (PEComa)[1,2]

Authorization of 12 months may be granted for the treatment of locally advanced unresectable or metastatic malignant PEComa when used as a single agent.

Uterine Sarcoma[2]

Authorization of 12 months may be granted for the treatment of advanced, recurrent, metastatic or inoperable uterine sarcoma (PEComa) when used as a single agent.

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

References

1. Fyarro [package insert]. Morristown, NJ: Aadi Bioscience, Inc.; December 2024.
2. The NCCN Drugs & Biologics Compendium® © 2025 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed November 12, 2025.