

POLICY NAME	Hyftor (topical sirolimus)	POLICY #	
Criteria			
Coverage Criteria for Facial Angiofibroma			
<input type="checkbox"/>	1.1 Documented diagnosis of facial angiofibroma associated with tuberous sclerosis (TSC)		
<input type="checkbox"/>	1.2 Age 6 years or older		
<input type="checkbox"/>	1.3 Prescribed by or in consultation with a dermatologist (skin doctor)		
or more papules of angiofibroma (≥2 mm in diameter with redness) on the face			
<input type="checkbox"/>	1.5 Patient has previously tried or is not a candidate for laser therapy or surgery		

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