

Pharmacy Drug Policy Checklist

POLICY NAME	Hyftor (topical sirolimus)	POLICY #	3178P	
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Criteria

Criteria			
Coverage Criteria for Facial Angiofibroma			
	Documented diagnosis of facial angiofibroma associated with tuberous sclerosis (TSC)		
	Age 6 years or older		
	Prescribed by or in consultation with a dermatologist (skin doctor)		
or n	or more papules of angiofibroma (≥2 mm in diameter with redness) on the face		
	Patient has previously tried or is not a candidate for laser therapy or surgery		