

**HYFTOR
(sirolimus topical gel)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 6 years of age or older

Diagnosis

Patient must have the following:

Facial angiofibroma associated with tuberous sclerosis

AND ALL of the following:

- a. Patient's lesions are considered not appropriate for laser therapy or surgery
- b. Prescribed by or recommended by a dermatologist
- c. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Hyftor and for 12 weeks after the last dose

Prior - Approval Limits

Quantity 8 tubes per 90 days

Duration 6 months

Prior – Approval *Renewal* Requirements

Age 6 years of age or older

Diagnosis

Patient must have the following:

Facial angiofibroma associated with tuberous sclerosis

AND ALL of the following:

- a. Patient has had clinical benefit from therapy
- b. Prescribed by or recommended by a dermatologist



**BlueCross
BlueShield**

Federal Employee Program.

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- c. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Hyftor and for 12 weeks after the last dose

Prior - Approval *Renewal* Limits

Quantity 8 tubes per 90 days

Duration 12 months