

Sirolimus Gel



Included Products: Hyftor (sirolimus gel 0.2%)

Created: 11/10/2022

Revised: 11/10/2022

Reviewed: 11/10/2022

Updated: 12/01/2022

All Diagnoses

Initial Criteria		If yes	If no
1.	Has the member been definitively diagnosed with tuberous sclerosis by a specialist AND has evidence of functional impairment?	Continue to #2.	Do not approve.
2.	Is the member at least 6 years old?	Continue to #3.	Do not approve.
3.	Does the member have at least 3 papules of angiofibroma on the face?	Continue to #4.	Do not approve.
4.	Has the member failed pulsed dye laser treatment?	Continue to #5.	Do not approve.
5.	Approve for 12 weeks.		
Renewal Criteria		If yes	If no
1.	Is there chart note documentation showing improvement in angiofibroma of the face?	Continue to #2.	Do not approve.
2.	Approve for 12 months.		