

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Sirolimus 0.2% Topical Gel (Hyftor)

Notes:

- Quantity Limits: Yes
- *Per manufacturer, consider discontinuing treatment if no response after 12 weeks of therapy

Initiation (new start) criteria, criteria for *current Kaiser Permanente members* already taking the medication who have not been reviewed previously, and criteria for *new members* entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **sirolimus 0.2% topical gel (Hyftor)** will be covered on the prescription drug benefit for 12 months* when the following criteria are met:

- Patient has a diagnosis of facial angiofibroma associated with tuberous sclerosis
- Prescriber is a Dermatologist
- Patient is 6 years of age or older

Continued use criteria for patients previously approved per the above criteria who are currently stable on the medication: Non-formulary **sirolimus 0.2% topical gel (Hyftor)** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescriber is a Dermatologist
- Patient has demonstrated clinical response (improved size or redness of lesions)