



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

SIROLIMUS TOPICAL

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
SIROLIMUS	HYFTOR		52138	GPI-10 (9078407000)	

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Does the patient have a diagnosis of facial angiofibroma associated with tuberous sclerosis **AND** meet the following criterion?
 - The patient is 6 years of age or older

If yes, **approve for 12 weeks by GPID or GPI-10.**

If no, do not approve.

INITIAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **SIROLIMUS TOPICAL (Hyftor)** requires the following rule(s) be met for approval:

- A. You have facial angiofibroma (a skin condition) associated with tuberous sclerosis (a rare type of tumor disorder)
- B. You are 6 years of age or older

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RENEWAL CRITERIA

1. Does the patient have a diagnosis of facial angiofibroma associated with tuberous sclerosis?

If yes, **approve for 12 months by GPID or GPI-10.**

If no, do not approve.

DENIAL TEXT: See the renewal denial at the end of the guideline.

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SIROLIMUS TOPICAL

RENEWAL CRITERIA (CONTINUED)

RENEWAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **SIROLIMUS TOPICAL (Hyftor)** requires the following rule(s) be met for renewal:

- A. You have facial angiofibroma (a skin condition) associated with tuberous sclerosis (a rare type of tumor disorder)

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Hyftor.

REFERENCES

- Hyftor [Prescribing Information]. Bethesda, MD: Nobelpharma America, LLC.; March 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 08/29/22

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