

Clinical Policy Title:	sirolimus
Policy Number:	RxA.761
Drug(s) Applied:	Hyftor™
Original Policy Date:	07/18/2022
Last Review Date:	08/28/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Facial Angiofibroma (must meet all):

1. Diagnosis of facial angiofibroma associated with tuberous sclerosis complex;
2. Member has 3 or more papules of angiofibroma (≥ 2 mm in diameter with redness in each) on the face at screening tests.

Approval Duration

All Lines of Business (except Medicare): 3 months

II. Continued Therapy Approval

A. Facial Angiofibroma (must meet all):

1. Auto-approval based on lookback functionality within the past 120 days as a proxy for member responding positively to therapy.

Approval Duration

All Lines of Business (except Medicare): 12 months

References

Not applicable.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	05/24/2022	07/18/2022
Policy was reviewed: 1. Initial Approval Criteria, I.A.5: Updated to remove therapy criteria Member is not a candidate for laser therapy or surgery.	05/31/2023	07/13/2023
Policy was reviewed.	10/19/2023	10/19/2023
Policy was reviewed: 1. Removed age restrictions. 2. Removed prescriber restrictions. 3. Removed dose restrictions. 4. Updated Continued therapy approval with auto-approval based on lookback functionality within the	08/28/2024	09/13/2024

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

<p>past 120 days.</p> <ol style="list-style-type: none">5. Removed reauthorization requirement for positive response to therapy.6. Updated approval duration verbiage.		
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