Mass General Brigham
Health Plan

Hyftor (crizanlizumab-tcma)
Effective 02/01/2023

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Hyftor is indicated for the treatment of facial angiofibroma associated with tuberous sclerosis in adults and pediatric patients 6 years of age and older.

Coverage Guidelines
Authorization may be granted for members new to the plan who are currently receiving treatment with Hyftor, excluding when the product is obtained as samples or via manufacturer's patient assistance programs
OR
Authorization may be granted if the member meets all following criteria and documentation has been submitted:

1. The member has a diagnosis of facial angiofibroma associated with tuberous sclerosis
2. The member is ≥ 6 years of age.

Continuation of Therapy
Reauthorization may be granted for members who have met the initial criteria and the physician has submitted clinical documentation of clinical response.

Limitations

1. Initial approvals will be granted for 3 months
2. Reauthorization may be granted for 6 months

References

1. Hyftor (sirolimus topical) [prescribing information]. Bethesda, MD: Nobelpharma America LLC; March 2022.

Review History
01/11/2023 – Created and Reviewed for January P&T. Effective 02/01/23