GEORGIA DEPARTMENT OF COMMUNITY HEALTH

GEORGIA MEDICAID FEE-FOR-SERVICE
WOUND CARE PRODUCTS PA SUMMARY

Preferred	Non-Preferred
Filsuvez (birch triterpenes)	Vyjuvek (beremagene geperpavec-svdt)

LENGTH OF AUTHORIZATION: Varies

NOTES:

- **The criteria details below are for the outpatient pharmacy program.** If a medication is being administered in a physician's office or clinic, the medication must be billed through the physician services program and not the outpatient pharmacy program. Information regarding the DCH physician services program is located at www.mmis.georgia.gov.
- Medication must be prescribed by or in consultation with a dermatologist with expertise in the treatment of epidermolysis bullosa (EB).

PA CRITERIA:

Filsuvez

- Approvable for members 6 months of age or older with a diagnosis of dystrophic epidermolysis bullosa (DEB) confirmed with mutation(s) in the *collagen type VII alpha 1 chain (COL7A1)* gene when standard wound care management not been adequate in healing wounds (e.g., daily wound dressings, pain management, controlling infections).
- Approvable for members 6 months of age or older with a diagnosis of junctional epidermolysis bullosa (JEB) confirmed with mutation(s) in at least one of the following genes: LAMA3, LAMB3, LAMC2, COL17A1, ITGA6, ITGB4 or ITGA3 when standard wound care management not been adequate in healing wounds (e.g., daily wound dressings, pain management, controlling infections).
- In addition, member must have at least one recurrent or chronic open wound that meets all of the following criteria:
  - Adequate granulation tissue,
  - Excellent vascularization,
  - No evidence of active wound infection ***AND***
  - No evidence or history of basal or squamous cell carcinoma.

Vyjuvek

- Approvable for members 6 months of age or older with a diagnosis of dystrophic epidermolysis bullosa (DEB) confirmed with mutation(s) in the *collagen type VII alpha 1 chain (COL7A1)* gene when standard wound care management not been adequate in healing wounds (e.g., daily wound dressings, pain management, controlling infections) ***AND***

- Member has at least one recurrent or chronic open wound that meets all of the following criteria:
  - Adequate granulation tissue,
  - Excellent vascularization,
  - No evidence of active wound infection ***AND***
  - No evidence or history of basal or squamous cell carcinoma.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827.**

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to http://dch.georgia.gov/preferred-drug-lists.

PA and APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.