AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Vyjuvek	Page:	1 of 2
Effective Date:	6/12/2025	Last Review Date:	5/2025

Applies to:	☒Illinois	☐Florida	☒Florida Kids
	☐New Jersey	☒Maryland	☐Michigan
	☒Pennsylvania Kids	☒Virginia	☒Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Vyjuvek under the patient's prescription drug benefit.

Description:

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-approved Indications[1]

Vyjuvek is indicated for the treatment of wounds in patients 6 months of age and older with dystrophic epidermolysis bullosa with mutation(s) in the collagen type VII alpha 1 chain (COL7A1) gene.

All other indications are considered experimental/investigational and not medically necessary.

Applicable Drug List:

Vyjuvek

Policy/Guideline:

Documentation

Submission of the following information is necessary to initiate the prior authorization review:

- Medical records documenting clinical manifestations of disease.
- Genetic test results confirming a mutation in the COL7A1 gene.

Prescriber Specialties

This medication must be prescribed by or in consultation with a dermatologist or wound care specialist.

Coverage Criteria

Dystrophic Epidermolysis Bullosa (DEB)[1,2]

Authorization of 12 months may be granted for treatment of wounds in members with dystrophic epidermolysis bullosa (DEB) when all of the following criteria are met:

- Member is 6 months of age or older.
- Member has clinical manifestations of disease (e.g., extensive skin blistering, skin erosions, scarring).
- Member has genetic test results confirming a mutation in the COL7A1 gene.
- Member has one or more open wounds that will be treated (i.e., target wounds)
- Target wound(s) meet all of the following:
    - Wound is clear in appearance and does not appear to be infected
    - Wound has adequate granulation tissue and vascularization
    - Member does not have a history of squamous cell carcinoma in the affected wound(s) that will receive treatment.
- The requested medication will be administered once weekly to the affected wound(s) by a healthcare professional either at a healthcare professional setting (e.g., clinic) or a home setting.
- The requested medication will not be administered to wound(s) that are currently healed.

Approval Duration and Quantity Restrictions:

Approval: 12 months

Quantity Level Limit: 4 cartons per 28 days

References:

1. Vyjuvek [package insert]. Pittsburgh, PA: Krystal Biotech, Inc.; May 2023.
2. Guide SV, Gonzalez ME, Bağcı IS, et al. Trial of Beremagene Geperpavec (B-VEC) for Dystrophic Epidermolysis Bullosa. N Engl J Med. 2022;387(24):2211-2219.