

FILSUVEZ
(birch triterpenes topical gel)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 6 months of age or older

Diagnosis

Patient must have the following:

Wounds associated with dystrophic and junctional epidermolysis bullosa (EB)

AND ALL of the following:

1. Prescribed by or in consultation with a dermatologist or a provider who specializes in EB
2. **NO** active infection, active squamous cell carcinoma, or history of squamous cell carcinoma in the targeted wound(s)

Prior - Approval Limits

Duration 6 months

Prior – Approval *Renewal* Requirements

Age 6 months of age or older

Diagnosis

Patient must have the following:

Wounds associated with dystrophic and junctional epidermolysis bullosa (EB)

AND the following:

1. Patient has had clinical improvement while on Filsuvez (e.g., partial or complete wound closure)

Prior - Approval *Renewal* Limits

Duration 12 months