Clinical Oversight Review Board (CORB) Criteria for Prescribing/ Criteria-Based Consultation (CBC) Criteria for Coverage

Beremagene Geperpavec-svdt (Vyjuvek)

Notes:

- Quantity Limits: Yes. Maximum weekly dose:
  - Age 6 months to less than 3 years: 0.8 mL
  - Age 3 years and older: 1.6 mL
- ^Adequate trial is defined as 3 months treatment duration, or 2 months if wound pain is causing significant functional impairment
- *If wound resolves, stop treatment (beremagene geperpavec-svdt does not penetrate intact skin)

Non-Formulary **beremagene geperpavec-svdt (Vyjuvek)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

Initiation (new start criteria), criteria for *current Kaiser Permanente members* already taking the medication who have not been reviewed previously, and criteria for *new members* entering Kaiser Permanente already taking the medication who have not been reviewed previously:

Non-Formulary **beremagene geperpavec-svdt (Vyjuvek)** will be approved for 3 months when the following criteria are met:

- Prescriber is a dermatologist and patient has a diagnosis of dystrophic epidermolysis bullosa (DEB) with genetic confirmation of *COL7A1* gene mutation
- Patient has failed an adequate trial^ of standard wound care
- Wound appears clean with adequate granulation tissue, excellent vascularization, and does not appear infected
- Patient has been reviewed by the Kaiser Permanente Interregional Consultative Physician Panel, with recommendation to use this medication

Continued use criteria (3 months after initiation): Non-Formulary **beremagene geperpavec-svdt (Vyjuvek)** will continue to be approved for an additional 3 months* when the following criteria are met:

- Patient is responding to treatment as determined by dermatologist