



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Vyjuvek

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Effective Date: 10/21/2025

Last Review Date: 5/2025

<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
<input type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
<input checked="" type="checkbox"/> Pennsylvania Kids	<input checked="" type="checkbox"/> Virginia	<input checked="" type="checkbox"/> 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<sup>1</sup>

Vyjuvek is indicated for the treatment of wounds in adult and pediatric patients 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.



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## Coverage Criteria

### Dystrophic Epidermolysis Bullosa (DEB)<sup>1,2</sup>

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 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, patient, or caregiver 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.; September 2025.
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.