

UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2024 P 1442-1
Program	Prior Authorization/Notification
Medication	Filsuvez® (birch triterpenes) topical gel
P&T Approval Date	4/2024
Effective Date	6/1/2024

**1. Background:**

Filsuvea (birch triterpenes) topical gel is indicated for the treatment of wounds associated with dystrophic and junctional epidermolysis bullosa in adult and pediatric patients 6 months of age and older.

**2. Coverage Criteria<sup>a</sup>:**

<p><b>A. <u>Initial Authorization</u></b></p> <p>1. <b>Filsuvez</b> will be approved based on <b><u>all</u></b> of the following criteria:</p> <p style="margin-left: 40px;">a. Patient is at least 6 months of age and older</p> <p style="text-align: center;"><b>-AND-</b></p> <p style="margin-left: 40px;">b. <b><u>One</u></b> of the following diagnoses:</p> <p style="margin-left: 80px;">(1) Dystrophic epidermolysis bullosa (DEB)</p> <p style="text-align: center;"><b>-OR-</b></p> <p style="margin-left: 80px;">(2) Junctional epidermolysis bullosa (JEB)</p> <p style="text-align: center;"><b>-AND-</b></p> <p style="margin-left: 40px;">c. Patient is <b><u>not</u></b> receiving Filsuvez in combination with Vyjuvek (beremagene geperpavec-svdt) on the same wound(s)</p> <p style="text-align: center;"><b>Authorization will be issued for 12 months.</b></p> <p>2. <b><u>Reauthorization</u></b></p> <p style="margin-left: 40px;">a. <b>Filsuvez</b> will be approved based <b><u>all</u></b> of the following criteria:</p> <p style="margin-left: 80px;">(1) Documentation of positive clinical response to therapy</p> <p style="text-align: center;"><b>-AND-</b></p> <p style="margin-left: 80px;">(2) Patient is <b><u>not</u></b> receiving Filsuvez in combination with Vyjuvek (beremagene geperpavec-svdt) on the same wound(s)</p>
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**Authorization will be issued for 12 months.**

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

**3. Additional Clinical Rules:**

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

**4. References:**

1. Filsuvez [package insert]. Boston, MA: Chiesi Global Rare Diseases; January 2024.

Program	Prior Authorization/Notification - Filsuvez (birch triterpenes)
<b>Change Control</b>	
4/2024	New program.