Drug Coverage Policy

Effective Date 6/18/2026
Coverage Policy Number.....IP0572
Policy Title.....Vyjuvek

Dermatology – Gene Therapy – Vyjuvek

- Vyjuvek™ (beremagene geperpavec-svdt topical gel – Krystal Biotech)

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

OVERVIEW

Vyjuvek, a herpes-simplex virus type-1 (HSV-1) vector-based gene therapy, is indicated for the treatment of wounds with **dystrophic epidermolysis bullosa** (DEB) with pathogenic variants in the collagen type VII alpha 1 chain (COL7A1) gene in adult and pediatric patients.[1]

Vyjuvek is a live, replication defective HSV-1-based vector that has been genetically modified to express the human type VII collagen (COL7) protein.[1] Variants in the COL7A1 gene result in

reduced or absent levels of biologically active COL7 in patients with DEB. COL7 protein is a crucial component of anchoring fibrils that are essential for maintaining skin integrity. Application of Vyjuvek to wounds results in transcription of the encoded human COL7A1 and production and secretion of COL7 by the cell in its mature form. The COL7 molecules form anchoring fibrils that hold the epidermis and dermis together.

Disease Overview
DEB usually presents at birth and is divided into two major types depending on the pattern of inheritance: recessive DEB (RDEB) and dominant DEB (DDEB).[6] All subtypes of DEB are caused by variants in the gene coding COL7A1 leading to extreme skin fragility.[4,6] The hallmark of DEB is scarring of blisters, both on the skin and on other mucosal surfaces.[4]

Clinical Efficacy
GEM-3, a Phase III, double-blind, placebo-controlled, intrapatient randomized, pivotal study, assigned patients with DEB to treat two similarly sized wounds; one with Vyjuvek and one with placebo for 26 weeks (N = 31).[2] Eligible patients were ≥ 6 months of age presenting with a clinical diagnosis of DEB, characterized by blistering, wounds, and scarring and confirmed by genetic testing including COL7A1. The appearance of the wounds was to be clean with adequate granulation tissue, excellent vascularization, and to not appear infected. Patients receiving immunotherapy, chemotherapy, or other investigational products were not included. In addition, wound sites with current evidence or a history of squamous-cell carcinoma or active infection were excluded as sites for Vyjuvek (or placebo) application. Vyjuvek or placebo was applied only to open wounds. Wounds were evaluated weekly to determine continued application of Vyjuvek or placebo. If a healed wound reopened, application was resumed; if the wound remained closed, application was omitted. All but one patient had the recessive DEB genotype. At Month 6, significantly more Vyjuvek- vs. placebo-treated wounds were completely healed (67% vs. 22%, respectively; P = 0.002) [primary endpoint]. Similar results were observed at Month 3 favoring Vyjuvek vs. placebo for complete wound healing (71% vs. 20%, respectively; P < 0.001). Durability (complete wound healing at both Months 3 and 6) was seen in 50% vs. 7% of Vyjuvek- vs. placebo-treated wounds, respectively (difference 43%; 95% confidence interval: 23%, 63%). One patient had a chronic secondary wound of the back measuring > 100 cm^2 that had been open for > 10 years. Following Vyjuvek treatment, the patient was able to resume activities of daily living, including showering, which had not previously been possible due to the open nature of the wound.

Dosing Information
Vyuvek should be applied by a healthcare professional, patient, or caregiver either at a healthcare setting (e.g., clinic) or the home setting.[1] The recommended dose is based on age (see Table 1) and applied topically to wound(s) once weekly. It may not be possible to apply Vyjuvek to all the wounds at each treatment visit. Vyjuvek should be applied to wounds until they are closed before selecting new wound(s) to treat. Prioritize weekly treatment to previously treated wounds if they re-open. If a dose is missed, apply Vyjuvek as soon as possible and resume weekly dosing thereafter. Vyjuvek is applied to the selected wound(s) in droplets spaced evenly within the wound, approximately 1 cm x 1 cm apart. The resulting droplet pattern should loosely resemble a grid. Table 2 provides a reference dose based on wound size. A hydrophobic dressing is placed on top of the Vyjuvek droplets, and a standard dressing is placed on top of the hydrophobic dressing. The wound dressing should not be changed for approximately 24 hours after Vyjuvek gel administration.

Table 1. Maximum Weekly Dose by Age.[1]

Age Range	Maximum Weekly Dose	Maximum Weekly Volume*
< 3 years	2 x 10^9 PFUs	1 mL

≥ 3 years	4 x 10^9 PFUs	2 mL

* Maximum weekly volume after mixing Vyjuvek biological suspension with excipient gel; PFUs – Plaque forming units.

Table 2. Reference Dose by Wound Size.[1]

Area	Dose	Volume
< 20 cm^2	4 x 10^8 PFUs	0.2 mL
≥ 20 cm^2 to < 40 cm^2	8 x 10^8 PFUs	0.4 mL
≥ 40 cm^2 to ≤ 60 cm^2	1.2 x 10^9 PFUs	0.6 mL

PFUs – Plaque forming units.

Guidelines

Vyjuvek is not addressed in available guidelines. According to a position statement by the **European Reference Network for Rare Skin Diseases** (2021), wound care is the cornerstone of treatment for patients with DEB.[5] Careful and complete skin and wound assessment should be undertaken regularly, at least every 6 months. The healing rate of chronic wounds should be closely monitored, by checking wound edges.

The diagnosis of DEB is based on a combination of clinical features, family history, and laboratory findings.[5] Laboratory techniques include immunofluorescence mapping, transmission electron microscopy, and molecular genetic testing. Whenever possible, laboratory diagnosis should be performed in a specialized DEB center. Genetic testing is the gold standard for the diagnosis of DEB, since it provides a definitive diagnosis and classification of the major DEB type and in many cases the subtype.

An **international consensus best practice guideline** on skin and wound care in epidermolysis bullosa (EB) [2017] notes that EB is a lifelong disease that requires specialist intervention and consideration to minimize complications and improve quality of life.[6] Management should take place in a specialized center by a multi-disciplinary team, ideally. Definitive diagnosis is most commonly made from analysis of a skin biopsy using positive immunofluorescence, antigenic mapping, and transmission electron microscopy. These key diagnostic tools help confirm diagnosis and indicate the particular subtype of EB. Due to the rarity of expertise and facilities, diagnosis is generally made using immunofluorescence and antigen mapping. Some laboratories are moving towards molecular diagnosis from exome sequencing of a panel of known skin fragility genes. Experienced clinicians can often make a provisional diagnosis on clinical observations, but a definitive diagnosis will always be required.

Coverage Policy

Policy Statement

Prior Authorization is required for medical benefit coverage of Vyjuvek. Approval is recommended for those who meet the Criteria and Dosing for the listed indication. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of patients treated with Vyjuvek as well as the monitoring required for adverse events and long-term efficacy, approval requires Vyjuvek to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Documentation: Documentation is required for use of Vyjuvek as noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, prescription claims records, prescription receipts, and/or other information. All documentation must include patient-specific identifying information.

Vyjuvek is considered medically necessary when the following are met:

FDA-Approved Indication

1. Dystrophic Epidermolysis Bullosa. Approve for the duration outlined below if the patient meets ONE of the following (A or B):
Note: For new wound(s) the patient is directed to Initial Therapy criteria. If the patient is continuing to treat the same wound(s) the patient is directed to criteria for Patient Currently Receiving Vyjuvek on Previously Treated Wound(s).
- **A)** Initial Therapy: Approve for 6 months if the patient meets ALL of the following (i, ii, and iii):
  - **i.** The diagnosis is confirmed by genetic testing showing a pathogenic variant in the collagen type VII alpha 1 chain (COL7A1) gene [documentation required]; AND
  - **ii.** Patient meets ALL of the following (a, b, and c):
    - **a)** Patient has at least one clinical feature of dystrophic epidermolysis bullosa [documentation required]; AND
      Note: Examples of clinical features of dystrophic epidermolysis bullosa include but are not limited to blistering, wounds, and scarring.
    - **b)** Patient has one or more open wound(s) that will be treated (i.e., "target wound[s]); AND
    - **c)** Target wound(s) meet ALL of the following, according to the prescriber [(1), (2), and (3)]:
      (1) Target wound(s) is clean in appearance and does not appear to be infected; AND
      (2) Target wound(s) has adequate granulation tissue and vascularization; AND
      (3) The prescriber attests that there is no evidence or clinical suspicion of squamous cell carcinoma identified at the target wound(s); AND
  - **iii.** The medication is prescribed by or in consultation with a dermatologist or wound care specialist; OR
- **B)** Patient is Currently Receiving Vyjuvek on Previously Treated Wound(s): Approve for 6 months if the patient meets ALL of the following (i, ii, and iii):
  Note: If the patient is treating a new wound(s) not previously treated with Vyjuvek or a reopened recurrent wound(s), then refer to Initial Therapy criteria above.
  - **i.** According to the prescriber, the target wound(s) remains open; AND
  - **ii.** According to the prescriber, the target wound(s) has decreased in size from baseline; AND
  - **iii.** The medication is prescribed by or in consultation with a dermatologist or wound care specialist.

Dosing. Approve one of the following dosing regimens (A or B):
- **A)** Patient is < 3 years of age: Approve up to 1 mL (2×10^9 plaque forming units) topically once weekly; OR
  Note: This is the maximum weekly volume after mixing Vyjuvek biological suspension with excipient gel.
- **B)** Patient is ≥ 3 years of age: Approve up to 2 mL (4×10^9 plaque forming units) topically once weekly.
  Note: This is the maximum weekly volume after mixing Vyjuvek biological suspension with excipient gel.

Conditions Not Covered

Vyjuvek for any other use is considered not medically necessary including the following (this list may not be all inclusive; criteria will be updated as new published data are available). Criteria will be updated as newly published data are available.

1. **Combination with Filsuvez (birch triterpenes topical gel).** Combination use of Vyjuvek and Filsuvez have not been studied.[7]

Coding Information

1) This list of codes may not be all-inclusive.
2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

HCPCS Codes	Description
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10^9 PFU/ml vector genomes, per 0.1 ml

References

1. Vyjuvek™ topical gel [prescribing information]. Pittsburgh, PA: Krystal Biotech; September 2025.
2. Guide SV, Gonzalez ME, Bagci IS, et al. Trial of beremagene geperavec (B-VEC) for dystrophic epidermolysis bullosa. *N Engl J Med.* 2022;387(24):2211-2219.
3. Payne AS. Topical gene therapy for epidermolysis bullosa. *N Engl J Med.* 2022;387(24):2281-2284.
4. Has C, Bauer JW, Bolling MC et al. Consensus and reclassification of inherited epidermolysis bullosa and other disorders with skin fragility. *Br J Dermatol.* 2020;183:614-627.
5. Has C, El Hachem M, Buckova H, et al. Practical management of epidermolysis bullosa: consensus clinical position statement from the European Reference Network for Rare Skin Diseases. *J Eur Acad Derm Venereol.* 2021;35:2349-2360.
6. Denyer J, Pillay E, Clapham J. Best practice guidelines for skin and wound care in epidermolysis bullosa. An International Consensus. *Wounds International.* 2017. Available at: https://af13d689-15eb-4199-8733-e91a7bb8ae3f.usrfiles.com/ugd/af13d6_01ed147ab87e49c584c20a917c47f19f.pdf. Accessed on: May 28, 2026.
7. Kern JS, Sprecher E, Fernandez MF, et al. Efficacy and safety of Olegel-S10 (birch triterpenes) for epidermolysis bullosa: results from the phase III randomized double-blind phase of the EASE study. *Br J Dermatol*. 2023;188:12-21.

Revision Details

Summary of Changes	Review Date	Effective Date
Dystrophic Epidermolysis Bullosa. **Updated** 'Documented diagnosis of dystrophic epidermolysis bullosa confirmed by genetic testing	7/25/2024	10/1/2024

showing pathogenic, or likely pathogenic, variant in the collagen type VII alpha 1 chain (*COL7A1*) gene' to 'The diagnosis is confirmed by genetic testing showing a pathogenic variant in the collagen type VII alpha 1 chain (COL7A1) gene' **Removed** 'Prescriber attestation that individual is receiving concomitant standard of care wound prevention and/or treatment' **Added** 'documentation required' for (1) The diagnosis is confirmed by genetic testing showing a pathogenic variant in the collagen type VII alpha 1 chain (COL7A1) gene, and (2) Patient has at least one clinical feature of dystrophic epidermolysis bullosa **Added '**The medication is prescribed by or in consultation with a dermatologist or wound care specialist' to the section 'Patient is Currently Receiving Vyjuvek on Previously Treated Wound(s)' **Updated** title from 'Beremagene' to 'Dermatology – Gene Therapy – Vyjuvek'		
Dystrophic Epidermolysis Bullosa: The criterion was modified to "Squamous cell carcinoma has been considered for the target wound(s)." Previously, "Squamous cell carcinoma has been ruled out for the target wound(s)."	7/10/2025	7/10/2025
Documentation. **Added** to documentation instructions **"**All documentation must include patient-specific identifying information." **Dystrophic Epidermolysis Bullosa:** The patient is ≥ 6 months of age was removed as a requirement for approval. The approval option "squamous cell carcinoma has been considered for the target wound(s)" was modified to "the prescriber attests that there is no evidence or clinical suspicion of squamous cell carcinoma at the target wound(s)." The dosing regimens were modified to "Patient is < 3 years of age: Approve up to 1 mL (2×10^9 plaque forming units) topically once weekly or Patient is ≥ 3 years of age: Approve up to 2 mL (4×10^9 plaque forming units) topically once weekly". Previously stated "Patient is ≥ 6 month to < 3 years of age: Approve up to 0.8 mL (1.6×10^9 plaque forming units) topically once weekly or Patient is ≥ 3 years of age: Approve up to 1.6 mL (3.2×10^9 plaque forming units) topically once weekly."	10/9/2025	10/9/2025
No criteria changes.	6/11/2026	6/18/2026

The policy effective date is in force until updated or retired.

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