Medical Policy:
Zevaskyn

Last review date: 05/21/2025

Applicable Products:
Zevaskyn (prademagene zamikeracel)

Initial Approval Criteria:
Coverage may be approved if all the following are met:

- Patient has a diagnosis of recessive dystrophic epidermolysis bullosa (RDEB); **AND**
- Must be prescribed by or in consultation with a dermatologist; **AND**
- Zevaskyn will be surgically applied at a Qualified Treatment Center (QTC).

Renewal Criteria:
None

Length of Authorization:
1 year