

**Louisiana Medicaid
Birch Triterpenes (Filsuvez®)**

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for birch triterpenes (Filsuvez®).

Additional Point-of-Sale edits may apply.

By submitting the authorization request, the prescriber attests to the conditions available [HERE](#).

Approval Criteria for Initiation of Therapy

- The recipient is 6 months of age or older on the date of the request; **AND**
- The recipient has a diagnosis of **ONE** of the following (the prescriber **states on the request** that the diagnosis is confirmed by genetic testing):
 - dystrophic epidermolysis bullosa (DEB); **OR**
 - junctional epidermolysis bullosa (JEB); **AND**
- The medication is prescribed by, or the request states that this medication is being prescribed in consultation with, a geneticist or dermatologist.

Duration of approval for initiation of therapy: 3 months

Approval Criteria for Continuation of Therapy

- The prescriber states on the request that the recipient is established on the medication with evidence of a positive response to therapy.

Duration of approval for continuation of therapy: 6 months

References

Birch Triterpenes (Filsuvez) [package insert]. Wahlstedt, Germany: Lichtenheldt GmbH, Pharmazeutische Fabrik; December 2023. https://resources.chiesiusa.com/Filsuvez/FILSUVEZ_PI.pdf

Bruckner AL and Murrell DF. Diagnosis of epidermolysis bullosa. In: UpToDate. Shefner JM (Ed), UpToDate, Waltham, MA.

Revision / Date	Implementation Date
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