

PRIOR AUTHORIZATION CHECKLIST

The checklist below is a useful resource for ensuring the most common clinical criteria are met when submitting a prior authorization for your patient.

Ш	Diagnosis of Dystrophic Epidermolysis Bullosa
	- ICD-10 Codes: Q81.2 (Epidermolysis Bullosa Dystrophica)
	Must be ≥ 6 months of age
	Documentation of relevant clinical confirmation:
	Current office visit notes
	Number of wounds
	Duration (recurrent, chronic)
	Pictures (if applicable)
	Genetic testing results
	Family history
	Clinical documentation of Dystrophic Epidermolysis form
	VYJUVEK Prescriber Order Form (POF)
	- Treatment can be administered by a healthcare professional in a home or healthcare setting
	Documentation that initiation of the prescription is by or in consultation with a dermatologist clinical expert in EB
	KRYSTAL CONNECT CARE COORDINATORS ARE AVAILABLE TO:



Research specific prior authorization requirements for each plan and provide guidance on this process

CALL 1-844-5-KRYSTAL



COMMITTED TO YOUR PATIENT'S JOURNEY



One-on-One Support

- A dedicated Patient Access Liaisons (PAL) is assigned to every patient
- PALs are available to work directly with patients and healthcare providers to overcome common barriers to therapy
- Patients receive routine calls, which focus on progress and goals of therapy



Access Assistance

- Support in understanding insurance coverage
- Information on Krystal Connect Copay Program and other financial assistance
- Convenient, no-cost specialty pharmacy services



Patient Education

- Resources for living with Dystrophic Epidermolysis Bullosa (DEB)
- Information about an FDA-approved treatment option



Community Connection

- Connect with the DEB community with links to events sponsored by advocacy organizations.
- Patient Access Liaisons (PALs) help raise awareness of DEB and educate families
- Online patient communities as well as live and virtual programs

For more information, please call the Krystal Connect team at 1-844-5-KRYSTAL