Zevaskyn (prademagene zamikeracel)

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

Summary

Epidermolysis Bullosa (EB) is a group of inherited connective tissue disorders leading to skin fragility. Recessive dystrophic epidermolysis bullosa (RDEB) is a severe subtype caused by biallelic mutations in

the COL7A1 gene which encodes type VII collagen (C7). Without functional C7, minor friction can cause skin blistering, chronic open wounds, scarring, and complications.

There are four main types of EB: EB simplex (EBS), junctional EB (JEB), Kindler EB (KEB), and dystrophic EB (DEB). Within DEB there are two inheritance patterns - dominant or recessive. RDEB is usually more severe than the dominant form of DEB (DDEB). Both RDEB and DDEB are caused by mutations in the collagen gene, COL7A1. The recessive form has both copies of the COL7A1 gene mutated. Genetic testing is always recommended for the diagnosis of EB. A definitive diagnosis is most commonly made from analysis of a skin biopsy using positive immunofluorescence, antigenic mapping, and Transmission Electron Microscopy (TEM).

Zevaskyn (prademagene zamikeracel) is an autologous cell sheet-based gene therapy indicated for the treatment of wounds in adult and pediatric patients with recessive dystrophic epidermolysis bullosa (RDEB).

Definitions

"Documentation" refers to written information, including but not limited to:

- Up-to-date chart notes, relevant test results, and/or relevant imaging reports to support diagnoses; or
- Prescription claims records, and/or prescription receipts to support prior trials of formulary alternatives.

"No evidence of" indicates that the reviewer has not identified any records of the specified item or condition within the submitted materials or claims history. In the absence of such evidence, the member is considered eligible. If any evidence of the item or condition is present upon review of the request, the member does not qualify.

"Wound care" best practices include wounds being dressed with nonadherent silicone dressings, foam dressings that absorb exudates, and nonadherent silicone-based tape. Preventative measures against bacterial infections include diluted bleach baths or compresses, topical antiseptics, and topical antibiotics.

"[s]" indicates state mandates may apply.

Clinical Indications

Medical Necessity Criteria for Clinical Review

General Medical Necessity Criteria

Recessive Dystrophic Epidermolysis Bullosa (RDEB)

The Plan considers Zevaskyn (prademagene zamikeracel) medically necessary when ALL of the following criteria are met:

1. The medication is prescribed by or in consultation with a geneticist, dermatologist, pathologist or wound care specialist who is experienced in the diagnosis and treatment of epidermolysis bullosa (EB); *AND*
2. The member is 6 years of age or older; *AND*
3. The member has a diagnosis of recessive dystrophic epidermolysis bullosa (RDEB); *AND*
4. The diagnosis is supported by ALL of the following with documentation showing (see Appendix A):
    a. genetic test results confirming biallelic pathogenic mutations in the COL7A1 gene*; and*
    b. two (2) confirmed RDEB C7 mutations with recessive inheritance patterns OR confirmation that parents do not have any evidence of dominant disease*; and*
    c. positive expression of the non-collagenous region 1 of the type 7 collagen protein (NC1+) in the skin*; AND*
5. The member has clinical manifestations of disease defined as ONE of the following:
    a. skin blistering; *or*
    b. skin erosions; *or*
    c. scarring; *AND*
6. The member's wound site(s) for treatment with Zevaskyn (prademagene zamikeracel) meet ALL of the following:
    a. chronic and open; *and*
    b. stage 2 chronic wound (see Appendix B)*; and*
    c. area of ≥20 cm^2*; and*
    d. present for ≥6 months*; and*
    e. has not previously been treated with Zevaskyn (prademagene zamikeracel)*; and*.
7. The member is unable to use, or has tried and failed Vyjuvek (beremagene geperpavec-svdt); *AND*
8. The member meets ALL of the following:
    a. No history of squamous cell carcinoma in the affected wound(s) that is/are requesting treatment; *and*
    b. No active infection; *and*
    c. Women of childbearing potential will use an effective method of contraception to prevent pregnancy at the time of treatment with Zevaskyn (prademagene zamikeracel)*; AND*
    d. The member will receive standard of care preventative or treatment therapies for wound care; *AND*
9. Zevaskyn (prademagene zamikeracel) will not be administered to wound(s) that are currently healed.
10. The member will not use Vyjuvek (beremagene geperpavec-svdt) or Filsuvez (birch triterpenes) on wounds that have been or will be treated with Zevaskyn (prademagene zamikeracel.

11. Zevaskyn (prademagene zamikeracel) is being prescribed at a dose and frequency that is within FDA approved labeling including up to 12 sheets per one-time surgical application.

<u>If the above prior authorization criteria are met, the requested product will be authorized for 1 surgical application for up to 3-months.</u>

Experimental or Investigational / Not Medically Necessary[s]

Zevaskyn (prademagene zamikeracel) for any other indication or use is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, or unproven. Non-covered indications include, but are not limited to, the following:

- Re-treatment to the same area is not permitted due to insufficient evidence. If the request is for an untreated or newly developed wound(s) the member must meet the Medical Necessity Criteria for Clinical Review - General Medical Necessity Criteria above.

Applicable Billing Codes

Table 1	
CPT/HCPCS codes for X service considered medically necessary if criteria are met:	
Code	*Description*
J3389	Zevaskyn Topical administration, prademagene zamikeracel, per treatment

Table 2	
CPT/HCPCS codes for X services considered experimental, investigational, or unproven:	
Code	*Description*
Q81.2	Epidermolysis Bullosa Dystrophica

References

1. ClinicalTrials.gov. Phase 3, Open-label Clinical Trial of EB-101 for the Treatment of Recessive Dystrophic Epidermolysis Bullosa (RDEB). Available at: https://clinicaltrials.gov/study/NCT04227106. Accessed November 19, 2025.
2. Danescu, S., Negrutiu, M., & Has, C. (2024). Treatment of epidermolysis bullosa and future directions: a review. Dermatology and Therapy, 14(8), 2059-2075.
3. 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://www.debra-international.org/skin-and-wound-care-in-eb-cpg. Accessed November 19, 2025.
4. Mariath LM, Santin JT, Schuler-Faccini L, Kiszewski AE. Inherited epidermolysis bullosa: update on the clinical and genetic aspects. An Bras Dermatol. 2020 Sep-Oct;95(5):551-569. doi: 10.1016/j.abd.2020.05.001.
5. Zevaskyn [package insert]. Cleveland, OH: Abeona Therapeutics, Inc.; April 2025.

Appendix A

Wound Staging:

- Stage 1: Unbroken skin
- Stage 2: Partial-thickness skin loss with exposed dermis
- Stage 3: Full-thickness skin loss with exposed adipose
- Stage 4: Full-thickness skin loss and tissue loss

Clinical Guideline Revision / History Information

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