



Prior Authorization and Access Guide

Visit chiesitotalcare.com
or call 1-833-670-6464
We're ready to help!

Indication and Important Safety Information

Indication

FILSUVEZ is indicated for the treatment of wounds associated with dystrophic and junctional epidermolysis bullosa (EB) in adult and pediatric patients 6 months of age and older.

Warnings & Precautions

Local hypersensitivity and skin reactions have been reported in patients treated with FILSUVEZ, including urticaria and dermatitis. If signs or symptoms of hypersensitivity occur, discontinue use immediately and initiate appropriate therapy.

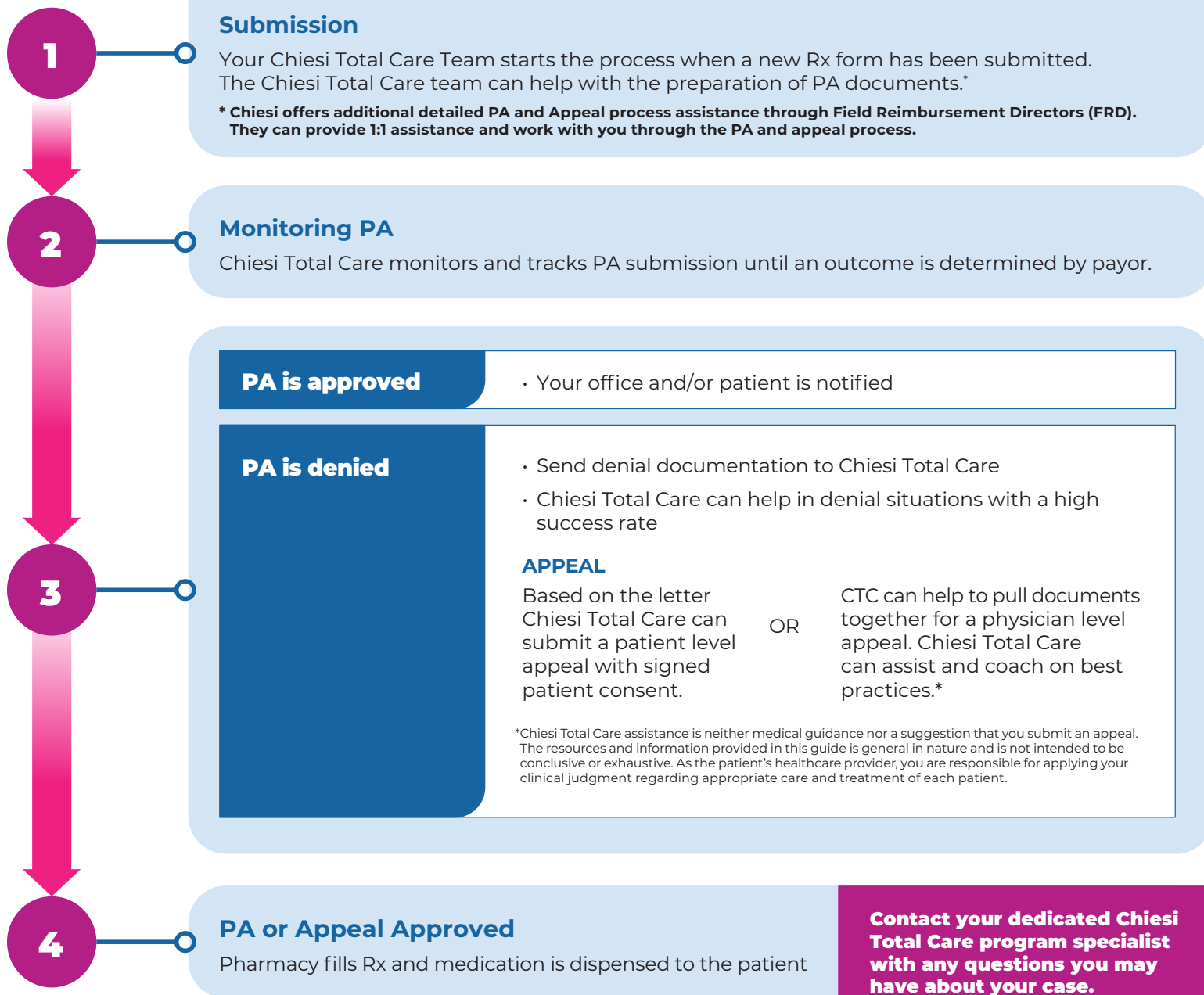
Please see accompanying full Prescribing Information for FILSUVEZ topical gel.

The Filsuvez logo, featuring a stylized leaf or branch icon above the brand name 'Filsuvez' in a serif font, with '(birch triterpenes) topical gel' in a smaller sans-serif font below it.

Filsuvez®
(birch triterpenes) topical gel

Chiesi Total CareSM (CTC) will submit for insurance reimbursement and help you navigate prior authorization (PA).

Here's a step-by-step look at the process



PA denied? Chiesi Total Care is here to help.

It's not uncommon for the first PA submission to be denied. With a long track record of success in gaining PA and appeal approvals, Chiesi Total Care is here to provide assistance with the appeal process. Chiesi Total Care will assist in providing additional resources and/or publications depending on the reasons for denial. To request a copy of an additional resource or publication, please reach out directly to us.medical@chiesi.com.

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Here is a checklist of best practices for Prior Authorization submission:

- Include pertinent clinical notes, dates, and laboratory findings
- Include medical rationale for why the patient cannot use preferred formulary drugs
- Include prescribing practitioner NPI number and contact information
- Include therapeutic alternatives that were tried in the past



We provide updates on your patient's therapy and alert the office should there be concerns. We also support patients by helping them with education on FILSUVEZ application during wound dressing changes and by answering any questions that they may have.

We can help your patient stay on track with FILSUVEZ by:

- Alerting HCP when to refill or when refills are being missed
- Counseling patients on managing side effects
- Providing 24/7 pharmacist access
- Enrolling patients in the FILSUVEZ Copay Program – patients may pay as little as \$0 if eligible†



† Please refer to the full Terms and Conditions in the back pocket for additional eligibility requirements.

Lesa, Chiesi Total Care pharmacist

Important Safety Information

Adverse Reactions

The most commonly reported adverse reaction in clinical trials was pruritis and pain at the wound application site (7.3%).

Please see Full Prescribing Information for FILSUVEZ topical gel.



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Patient Counseling Information

Please refer to Prescribing Information for administration instructions.

To report SUSPECTED ADVERSE REACTIONS, contact Chiesi USA Inc. at 1-888-661-9260 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

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For more information, visit FILSUVEZ.com/HCP