



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service
Prior Authorization Criteria

Regranex® (becaplermin)
[Prior Authorization Request Form](#)

Prior authorization requests for Regranex will be approved for ninety (90) day periods if the following criteria are met:

- 1) The request is for adjunct treatment for a diabetic neuropathic ulcer of the lower extremity extending into the subcutaneous tissue or beyond; **AND**
- 2) The request is accompanied by classification of the wound severity
 - a. WOCN and NPUAP: Stage III or IV lower extremity diabetic ulcer (extending through the dermis into the subcutaneous tissue or beyond)
 - b. University of Texas: Diabetic ulcer classified as a grade 2 or 3, stage A (clean, nonischemic, noninfected wounds penetrating to the tendon or capsule or into bone or joint)
 - c. Wagner: Grade 1 or 2 (partial/full thickness ulcer or probing to tendon or capsule)
- 3) There is no evidence of infection nor an anti-infective agent employed; **AND**
- 4) There is no evidence of cancer at the site of the wound; **AND**
- 5) Patient must have had standard therapy (careful and frequent debridement, most dressing changes and off-loading pressure around the wound for sixty (60) days; **AND**
- 6) Wound must have adequate circulation; **AND**
- 7) No concomitant topical medications are to be employed; **AND**
- 8) There is evidence of healing after the first ninety (90) day period. (Coverage is limited to one tube per thirty (30) day period or quantities which equal 0.25 centimeters of gel per square centimeter of the wound to be applied once daily); **AND**
- 9) The patient's nutritional status has been addressed for any protein and/or calorie insufficiency.

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Review and Approved
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