

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION REQUEST FORM

**REGRANEX** (becaplermin)

Patient name: \_\_\_\_\_ Medicaid ID #: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_ Prescriber NPI#: \_\_\_\_\_ Contact person: \_\_\_\_\_

Prescriber Phone#: \_\_\_\_\_ Extension/Option: \_\_\_\_\_ Fax#: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Pharmacy Phone#: \_\_\_\_\_ Pharmacy Fax #: \_\_\_\_\_

Requested Medication: \_\_\_\_\_ Strength: \_\_\_\_\_ Frequency/Day: \_\_\_\_\_

**All information to be legible, complete and correct or form will be returned**

---

**FAX DOCUMENTATION FROM PROGRESS NOTES OR IN LETTER OF MEDICAL  
NECESSITY TO 855-828-4992 note the new fax number**

**CRITERIA:**

- **Rule out venous ulcers and / or arterial ulcers.**
- Patient must be diabetic, either Type I or Type II.
- Not covered for diabetic ulcers above the ankle.
- Patient must have stage III or IV diabetic foot or ankle ulcer as defined in the International Association of Enterostomal therapy guide to chronic wound staging, 1989.
- Not a benefit for patients in long term care facilities, unless that patient is admitted from home or hospital with a pre-existing diabetic ulcer of the lower extremity. LTCF must submit copy of total skin assessment report made within 24hrs of admission.
- The client must have had a documented failure on a 60 day regimen of good ulcer care that includes but is not limited to :
  - Initial complete sharp debridement.
  - A non-weight bearing regimen.
  - Systemic treatment for wound related infections.
  - Moist saline dressing changes twice daily.
  - Additional debridement if necessary.
- The subcutaneous diabetic foot ulcer may not exceed 3cm in diameter or total surface of 9.42cm<sup>2</sup>. (Size and shape must be documented).
- Total contact casting is an available method of treatment and must be considered and rejected before Regranex is to be considered.

**AUTHORIZATION:**

8 weeks(15-30 Grams)

**RE-AUTHORIZATION:**

Documentation of 30% reduction in ulcer size must be achieved before a second prior is given.  
Treatment is limited to a maximum of 60 grams of Regranex.

9/20/10

<http://health.utah.gov/medicaid/pharmacy>