



**Prescription Drug Coverage Determination Form**

Wound care agent-Topical Ulcers

Regranex® (becaplermin)

Please fax the completed form to Mercy Health Plans' Pharmacy Department at 314-214-8201 or 1-800-647-2240.

**Patient Information**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Subscriber ID#: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Physician Information**

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_ Tax ID#: \_\_\_\_\_  
Office Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person \_\_\_\_\_

Physician Signature (REQUIRED): \_\_\_\_\_ Date \_\_\_\_\_

Medication Information (requests for non-formulary agents will be considered for members having a documented failure or contraindication to preferred agents.)

Medication name: \_\_\_\_\_ J-code: \_\_\_\_\_  
Dose: \_\_\_\_\_ Directions: \_\_\_\_\_  
Expected Duration of Therapy: \_\_\_\_\_

**Prior Authorization Criteria:**

- 1. Does the patient have a diagnosis of diabetic neuropathic ulcer of the lower extremity?  Yes  No
- 2. Is there a neoplasm at the site of application?  Yes  No
- 3. Does the ulcer extend into the subcutaneous tissues or beyond?  Yes  No
- 4. Does the ulcer have adequate blood supply?  Yes  No
- 5. Are good ulcer care practices being performed (including initial sharp debridement, and pressure relief)?  Yes  No
- 6. Does the ulcer being treated have an active wound infection not under control by way of active treatment?  Yes  No
- 7. Has the ulcer been treated previously with Regranex® for 3 months?  Yes  No  
If yes:
  - Did the ulcer size decrease by 30% within the first 10 weeks of therapy?  Yes  No
- 8. Has the ulcer been treated with Regranex® for 20 weeks?  Yes  No

Please provide any additional history or medical information that may support coverage (attach office notes as necessary): \_\_\_\_\_

Note: If approved coverage will be as specified in above criteria or through the end of the year (December 31, 20xx). Some medications may be subject to quantity limitations or restricted to certain pharmacies.