

becaplermin topical (REGRANEX)

Diagnosis Considered for Coverage:

- Lower extremity diabetic neuropathic ulcers

Coverage Criteria:

For diagnosis listed above:

1. For diagnosis of lower-extremity diabetic skin ulcer, approve if:

For request 15 grams per month

- Patient has had inadequate response to standard therapy for wound management (i.e. debridement, dressing changes, pressure relief), **and**
- Regranex is being used as adjunctive treatment to, not a replacement for, good ulcer care practices.

Coverage Duration: 3 months

For requests for more than 15 grams per month

- Patient has had inadequate response to standard therapy for wound management (i.e. debridement, dressing changes, pressure relief), **and**
- Regranex is being used as adjunctive treatment to, not a replacement for, good ulcer care practices, **and**
- Quantity sufficient per month based upon the manufacturer prescribing information calculation:
 - To calculate the length of gel:
 - Amount in inches = length (inches) x width (inches) x 0.6
 - Amount in centimeters = length (cm) x width (cm) ÷ 4
 - There are 23 inches (or 58.42 cm) of gel per 15 gm tube.

Coverage Duration: 3 months

Coverage Duration: *See coverage criteria.*

Effective: 5/31/2023