

Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	October 15, 2012, November 6, 2018

REGRANEX® (becaplermin gel)

LENGTH OF AUTHORIZATION: UP TO 4 MONTHS (Maximum of 15Gms per Rx)

REVIEW CRITERIA:

1. Patient must have diabetes with lower extremity neuropathic ulcers
2. Verify in claims history diabetic medications (oral or insulin)

DOSING AND ADMINISTRATION:

- For topical use; not for oral, ophthalmic or intravaginal use. To calculate the length of Regranex Gel to apply, measure the greatest length of the ulcer by the greatest width of the ulcer in either inches or centimeters.

Formula to Calculate Length of Gel to Be Applied Daily:

Inches: (ulcer length) X (ulcer width) X (0.6)

Centimeters: (ulcer length) X (ulcer width) ÷ (4)

- Dosage Form: Gel: 0.01%