

**Physician's Prior Authorization Request
Regranex Gel**

PATIENT NAME: _____ **ID#:** _____ **DOB:** _____
Patient Address: _____

The following information is required to determine reimbursement for Regranex. A quantity limit of one tube per prescription fill will apply. Our formula for calculation is as follows:

- ◆ **Inches of Gel = length of ulcer (inches or part) X width of ulcer (inches or part) X 0.6**
- ◆ **Centimeters of Gel = length of ulcer (cm) X width of ulcer (cm) divided by 4**

Upon receipt of this information, a determination for coverage will be made and the patient and physician will be notified in writing within a few days.

- 1) Is this member suffering from a diabetic ulcer extending into the subcutaneous tissue? Yes No

If yes, what stage is it? Full thickness (Stage III or IV) extending through the dermis into subcutaneous tissue.

- 2) What is the length and width of the ulcer? _____cm Length _____cm Width

- 3) Has the previous wound care program included the following?

- | | | |
|--|------------------------------|-----------------------------|
| a) Sharp debridement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Non-weight bearing and pressure relief? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Infection control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- 4) Is there evidence that there is adequate tissue oxygenation as measured by a transcutaneous partial pressure of at least 20mm HG on the dorsum of the foot or at the ulcer margin? Yes No

- 5) If this medication is being used for a pressure ulcer, please answer the following:

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- a) Is the ulcer stage 3 or 4? Yes No
- b) Does it extend into subcutaneous tissues? Yes No
- c) Can the location be off loaded during the treatment? Yes No
- d) Is the Albumin concentration > 2.5 dL? Yes No
- e) Is the total Lymphocyte count > 1000? Yes No
- f) Does the patient have normal values of vitamins A & C? Yes No

5) Has the physician instructed the caregiver that a 15 gm tube should last approximately 60 days for a 3cm square ulcer or 40 days for a 6 cm square ulcer when used appropriately? Yes No

There is a quantity limit of One (1) 15 gram tube per fill on Regranex Gel®.

_____ Physician's Signature	_____ Date
_____ Please Print Name	_____ Fax Number
_____ Please Print Physician's Specialty	_____ Phone Number

Thank you for your assistance and should you have any questions or wish to discuss, please feel free to contact ABCBS at (501) 378-3392. For your convenience, you may fax your response(s) back to ABCBS at (501) 378-6980.

Sincerely,
Pharmacy Programs

Forms are also available online at <http://usableadmin.abcbs.net/providers/PharmacyForms.aspx>