

REGRANEX PA SUMMARY

STATUS: Preferred

LENGTH OF AUTHORIZATION: 10 weeks (maximum of 2 approvals per ulcer)

PA CRITERIA:

- ❖ Approvable for the diagnosis of diabetic neuropathic ulcers in members receiving professional wound and debridement care
- AND*
- ❖ Provider needs to be prepared to identify what stage ulcers are involved along with documentation of the member's current fasting blood sugar or hemoglobin A1c levels.
 - ❖ A renewal may be approved if the ulcer size has decreased by at least 30% with Regranex treatment.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on "prior approval process".

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.