

POLICY NAME	Regranex (becaplermin)	POLICY #	583P
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Criteria

Coverage Criteria

- ☐ **1.1** Failure of prolonged treatment of lower-extremity diabetic neuropathic ulcers with conventional therapy, such as:
 - Dressings
 - Soaks
 - Irrigations
 - Debridement (chemical and/or mechanical)
 - Modifications of shoes (if diabetic foot ulcers)
 - Debrisan®
 - Sorbsan®
 - Duoderm®
 - Granulex®, etc.
- ☐ **1.2** An authorization is needed for each occurrence/re-occurrence of a diabetic ulcer.

Additional Information

- ☐ **2.1** Authorization for becaplermin is necessary due to its limited efficacy in clinical trials. Based upon the Steed, et al (1995) efficacy study in lower extremity diabetic ulcers, complete healing rates were 15% after 8 weeks, and 25% after 10 weeks. Becaplermin is only for use in patients with chronic and non-healing lower-extremity diabetic ulcers, only as adjunct to surgical debridement.