



### Becaplermin (Regranex®) Renewal Prior Authorization Request Form

Beneficiary Name: \_\_\_\_\_  
Beneficiary Medicaid ID #: \_\_\_\_\_ Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Pharmacy Name: \_\_\_\_\_  
Pharmacy Medicaid ID#: \_\_\_\_\_ Pharmacy NPI#: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_  
NDC \_\_\_\_\_

Ordering Physician Name (*please print*): \_\_\_\_\_  
Ordering Physician Medicaid Provider ID#: \_\_\_\_\_ Physician NPI#: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Does the consumer have any **new** wounds for which Regranex® is being prescribed? \_\_\_\_\_  
(Does not include initial wound(s) for which medication was ordered.) If so, please complete the Regranex® Initial Request Form.

If this request is for renewal for the same wound(s) as previously ordered, please complete the following:

**Wound Information:** (*Please check appropriate type*)

Type and location: \_\_\_\_\_

Wound location when Regranex® started: \_\_\_\_\_

Wound size when Regranex® started: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current wound size: \_\_\_\_\_ Date of measurement: \_\_\_\_/\_\_\_\_/\_\_\_\_

How long has the wound been treated with Regranex®? \_\_\_\_\_

If Regranex® has been used longer than 10 weeks, has the wound decreased in size by at least 30%?  
\_\_\_\_\_

In your opinion, is the consumer/caregiver compliant with proper use and storage of this medication? \_\_\_\_\_

**WARNING**

An increased rate of mortality secondary to malignancy was observed in patients treated with 3 or more tubes of REGRANEX Gel in a post-marketing retrospective cohort study. REGRANEX Gel should only be used when the benefits can be expected to outweigh the risks. REGRANEX Gel should be used with caution in patients with known malignancy. (See **CONTRAINDICATIONS** and **WARNINGS**)

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Completed form should be faxed to 1-800-913-2229.  
This form will be returned unprocessed if it is not completed in its entirety.**