

CRITERIA FOR PRIOR AUTHORIZATION

Decubitus and Wound Care Products

PROVIDER GROUP Pharmacy
Professional

MANUAL GUIDELINES The following drugs require prior authorization:
Santyl® (collagenase)
Papain/Urea Products
Papain/Urea/Chlorophyllin Products
Trypsin/Balsam Peru/Castor Oil Products

CRITERIA FOR PRIOR AUTHORIZATION Must meet ONE of the following:

- Treatment of varicose, stasis, or decubitus ulcers stage II or higher
 - Must provide site of ulcer and approximate size
- Treatment of dehiscent wounds
 - Must provide site of wound and approximate size
- Treatment of severe partial or full thickness burns
 - Must provide site of burn and approximate size

RENEWAL CRITERIA Must meet all of the following

- Prescriber must provide an update on the size and stage of wound
- Improvement in size and/or stage is required for renewal

LENGTH OF APPROVAL 3 months