REGRANEX

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Length of Authorization</th>
</tr>
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<tbody>
<tr>
<td>Regranex</td>
<td>becaplermin</td>
<td>3 Months</td>
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1. Is the member’s diagnosis “chronic and non-healing lower-extremity diabetic neuropathic ulcers”?
   - If yes, continue to #2.
   - If no, do not approve.

2. Is the member receiving concomitant surgical debridement?
   - If yes, approve for 3 months.
   - If no, do not approve.

**FDA Approved Indication:**

Treatment of lower-extremity diabetic neuropathic ulcers that extend into the subcutaneous tissue or beyond and have an adequate blood supply. To be used as an adjunct to, and not a substitute for, good ulcer care practices including initial sharp debridement, pressure relief and infection control.

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*References:*

- Regranex prescribing information 2002