



Prior Authorization Form

**Arkansas Blue Cross and Blue Shield (Medicare)  
Medi-Pak Rx (PDP) and Medi-Pak Advantage (PFFS)  
Regranex (Medicare Prior Authorization)**

This fax machine is located in a secure location as required by HIPAA regulations.  
Complete/review information, sign and date. Fax signed forms to CVS|Caremark at 1-888-836-0730.  
Please contact CVS|Caremark at 1-800-294-5979 with questions regarding the prior authorization process.  
When conditions are met, we will authorize the coverage of Regranex (Medicare Prior Authorization).

**Drug Name (select from list of drugs shown)**  
Regranex (becaplermin)

**Patient Information**

Patient  
Name: \_\_\_\_\_  
Patient ID: \_\_\_\_\_  
Patient  
Group No.: \_\_\_\_\_  
Patient  
DOB: \_\_\_\_\_

**Prescribing Physician**

Physician  
Name: \_\_\_\_\_  
Physician  
Phone: \_\_\_\_\_  
Physician  
Fax: \_\_\_\_\_  
Physician  
Address: \_\_\_\_\_  
City, State,  
Zip: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD Code: \_\_\_\_\_

Please circle the appropriate answer for each applicable question.

- |     |   |   |   |
|-----|---|---|---|
| 1.  | Is there a neoplasm at the intended site of application?<br>[If the answer to this question is yes, then no further questions required.]            | Y | N |
| 2.  | Does the patient have the diagnosis of diabetic neuropathic ulcer of the lower extremity?   | Y | N |
| 3.  | Has the ulcer been treated with Regranex for 3 months?<br>[If the answer to this question is no, then skip to question 6.]                          | Y | N |
| 4.  | Did the ulcer size decrease by at least 30% in the first 10 weeks of therapy?   | Y | N |
| 5.  | Has the ulcer been treated with Regranex for 20 weeks?<br>[No further questions required.]  | Y | N |
| 6.  | Does the ulcer extend into the subcutaneous tissue or beyond?   | Y | N |
| 7.  | Does the ulcer have an adequate blood supply?   | Y | N |
| 8.  | Are good ulcer care practices being performed (including initial sharp debridement, and pressure relief)?   | Y | N |
| 9.  | Does the ulcer being treated have an active wound related infection?<br>[If the answer to this question is no, then no further questions required.] | Y | N |
| 10. | Is the wound infection under control by way of active treatment?  | Y | N |



**Arkansas  
BlueCross BlueShield**  
An Independent Licensee of the Blue Cross and Blue Shield Association

**Comments:**

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I affirm that the information given on this form is true and accurate as of this date.

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**Prescriber (Or Authorized) Signature and Date**