

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Santyl (topical collagenase *Clostridium histolyticum*)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Santyl (topical collagenase <i>Clostridium histolyticum</i>) ointment 250 units/gram	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Santyl (topical collagenase *Clostridium histolyticum*) may be approved if the following criteria are met:

- I. Individual is using for debridement of necrotic tissue resulting from one of the following:
 - A. Chronic (such as but not limited to, peripheral vascular or decubitus) skin ulcers;
 - OR**
 - B. Severely burned areas.

Santyl (topical collagenase *Clostridium histolyticum*) may **not** be approved for the following:

- I. Therapy is being requested for an area with well-established granulation tissue.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: June 14, 2018.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

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