

MEDICATION COVERAGE POLICY

PHARMACY AND THERAPEUTICS ADVISORY COMMITTEE

POLICY	Wound Care Agents	LAST REVIEW	5/9/2017
THERAPEUTIC CLASS	Dermatology	REVIEW HISTORY	9/15, 5/15, 11/14
LOB AFFECTED	Medi-Cal	(MONTH/YEAR)	

This policy has been developed through review of medical literature, consideration of medical necessity, generally accepted medical practice standards, and approved by the HPSJ Pharmacy and Therapeutic Advisory Committee.

OVERVIEW

Wound care can be difficult to manage since wound type, size, location, ease of application, and other factors are all considerations that affect the wound care agent selected. Depending on the type of wounds, it may take anywhere from days to months for wounds to heal so the therapeutic benefits of some of these agents is not always immediately apparent. This review will examine the standards of practice for wound care management and the available formulary wound care products and their coverage criteria.

Table 1: Available Wound Care Agents (Current as of 5/2017)

Topical Agents					
Therapeutic Class	Generic Name (Brand Name)	Available Strengths	Formulary Limits	Average Cost per 30 days	Notes
Topical Antibacterials	Gentamicin <i>Cream, Ointment</i>	0.1%	-	\$35.09	
	Bacitracin Zinc <i>Ointment, Packet</i>	500 Unit/Gm	-	\$2.47	
	Mupirocin (Bactroban) <i>Cream, Ointment</i>	2%	-	\$10.54	
	Neomycin/Bacitracin/Polymyx (Triple Antibiotic) <i>Ointment</i>	3.5mg-400 U-5,000 U/Gm	-	\$1.65	
	Neomycin/Bacitracin/Pmyx/Pradox (Neosporin Plus) <i>Ointment, Cream</i>	3.5mg-500 U-10,000 U/Gm	-	\$5.33	
	Bacitracin/Polymyxin/Pradox (Neosporin Plus) <i>Cream</i>	3.5mg-10,000 U/Gm-0.5%	-	\$2.55	
Topical Astringents	Calamine <i>Lotion</i>	-	-	\$0.89	
	Calamine/Zinc Oxide <i>Lotion</i>	-	-	\$1.03	
Topical Burn Product	Silver Sulfadiazine (SSD) <i>Cream</i>	1%	-	\$22.79	
Topical Anesthetic	Lidocaine-Prilocaine <i>Cream</i>	2.5%-2.5%	QL	\$57.59	Limit 30gm per month.
Wound Healing Agents	Medihoney <i>Paste</i>	-	PA	-	Requires documentation of wound description.
	Collagenase (Santyl) <i>Ointment</i>	250 U/Gm	PA	\$782.25	Requires documentation of wound description.
	Cadexomer Iodine (Iodosorb) <i>Gel</i>	-	PA; QL	\$125.72	Requires documentation of wound description. Max of 90 day supply.
	Becaplermin (Regranex) <i>Gel</i>	0.01%	NF	\$954.61	

NF = Non-Formulary; PA = Prior Authorization Required; QL = Quantity Limit

✚ EVALUATION CRITERIA FOR APPROVAL/EXCEPTION CONSIDERATION

Below are the coverage criteria and required information for each agent. These coverage criteria have been reviewed approved by the HPSJ Pharmacy & Therapeutics (P&T) Advisory Committee. For conditions not covered under this Coverage Policy, HPSJ will make the determination based on Medical Necessity as described in HSPJ Medical Review Guidelines (UM06).

Topical Antibacterials (Gentamicin, Bacitracin, Mupirocin, Triple Antibiotic, Neosporin, etc)

- Coverage Criteria:** None
- Limits:** None
- Required Information for Approval:** None
- Other Notes:** None

Topical Astringents (Calamine, Calamine/Zinc Oxide)

- Coverage Criteria:** None
- Limits:** None
- Required Information for Approval:** None
- Other Notes:** None

Topical Burns (Silver Sulfadiazine, SSD)

- Coverage Criteria:** None
- Limits:** None
- Required Information for Approval:** None
- Other Notes:** None

Local Anesthetic (Lidocaine/Prilocaine)

- Coverage Criteria:** None
- Limits:** Limit 30gm per month.
- Required Information for Approval:** None
- Other Notes:** None

Wound Healing Agents

Medihoney Paste, Santyl Ointment

- Coverage Criteria:** For treatment of chronic ulcers/burns.
- Limits:** None
- Required Information for Approval:** Documentation of wound description.
- Other Notes:** Approved up to 3 months at a time.

Cadexomer Gel (Iodosorb)

- Coverage Criteria:** For treatment of highly exudative or infected wounds.
 - Limits:** Max duration of up to 90 days.
 - Required Information for Approval:** Documentation of wound description.
 - Other Notes:** Approved up to 3 months at a time.
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- Non-Formulary:** Becaplermin (Regranex Gel)

CLINICAL JUSTIFICATION

Hydrocolloids are a popular class among wound care agents because they can both maintain moisture as well as absorb excess fluids. However, hydrocolloids are associated with higher costs compared to other wound care agents, and due to their occlusive nature, there is higher risk of wound infections and hypergranulation. Medihoney® Paste is used for mild-moderate exudative wounds; it has advantages over traditional hydrocolloids in that it is less costly and approved for chronic use. In addition, its formulation is less viscous, allowing the paste to reach tunneled or irregular wounds. Likewise, cadexomer iodine is another alternative to traditional hydrocolloids. Its gel-like medium and co-formulation with iodine makes it useful for highly exudative or infected wounds. The iodine component is a potential safety concern and warrants a limitation on the duration of use to 90 days as recommended by the manufacturer.

Collagenase ointment is an alternative to surgical/mechanical debridement for the management of chronic dermal ulcers (pressure, diabetic, and venous leg ulcers) and severe burns. Through various, small studies, collagenase was shown to improve wound healing as compared to standard wound dressings, and when used in addition to surgical debridement, collagenase ointment showed a reduction ulcer size. Topical debridement provides minimal pain and can be used at home by the patient or caregiver. Also, collagenase ointment does not have a maximum duration of use because of its mild debriding properties. Collagenase ointment is slow-acting and may take weeks to achieve complete debridement.

REVIEW & EDIT HISTORY

Document Changes	Reference	Date	P&T Chairman
Creation of Policy	Wound Care Agents 2014-11-18.docx	11/2014	Jonathan Szkotak, PharmD
Updated Policy	Wound Care Coverage Policy.docx	05/2015	Jonathan Szkotak, PharmD, BCACP
Updated Policy	HPSJ Coverage Policy – Dermatology – Wound Care 2015-05.docx	09/2015	Jonathan Szkotak, PharmD, BCACP
Updated Policy	HPSJ Coverage Policy – Dermatology – Wound Care 2017-05.docx	5/2017	Johnathan Yeh, PharmD

Note: All changes are approved by the HPSJ P&T Committee before incorporation into the utilization policy