

# PRIOR AUTHORIZATION CRITERIA

**BRAND NAME**  
(generic)

**SANTYL COLLAGENASE**  
(collagenase ointment)

**Status: CVS Caremark Criteria**  
**Type: Initial Prior Authorization**

## POLICY

### FDA-APPROVED INDICATIONS

Collagenase Santyl Ointment is indicated for debriding chronic dermal ulcers and severely burned areas.

### COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for debriding chronic dermal ulcers or severely burned areas
- If renewal request, the wound has been evaluated for granulation tissue
- The quantity necessary for treating the wound area requiring debridement has been determined by utilizing the Santyl dosing calculator

### REFERENCES

1. Collagenase Santyl [package insert]. Fort Worth, TX: Smith & Nephew, Inc.; 2016.
2. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; [http://online.lexi.com/lco/action/index/dataset/complete\\_ashp](http://online.lexi.com/lco/action/index/dataset/complete_ashp) [available with subscription]. Accessed March 2018.
3. Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. [www.micromedexsolutions.com](http://www.micromedexsolutions.com) [available with subscription]. Accessed March 2018.
4. Motley T, Lange D, Dickerson J, Slade H. Clinical outcomes associated with serial sharp debridement of diabetic foot ulcers with and without clostridial collagenase ointment. *Wounds*. 2014;26(3):57-64.
5. Milne C, Ciccarelli A, Lassy M. A Comparison of Collagenase to Hydrogel Dressings in Maintenance Debridement and Wound Closure. *WOUNDS* 2012;24(11):317-322.
6. Santyl Dosing Calculator. Available at: <https://www.santyl.com/hcp/dosing>. Accessed March 2018.