

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	N/A	N/A	X	N/A	X	X	X	X	X	X	N/A	N/A	X

\*FHK- Florida Healthy Kids

# Santyl

## (topical collagenase *Clostridium histolyticum*)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Santyl (topical collagenase <i>Clostridium histolyticum</i> ) ointment 250 units/gram

### 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

### Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2016. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2016; Updated periodically.

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.