



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

COLLAGENASE TOPICAL

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
COLLAGENASE CLOSTRIDIUM HIST.	SANTYL		21190	GPI-14 (90700010004205)	

**GUIDELINES FOR USE**

1. Does the patient have a diagnosis of chronic dermal ulcer(s) or severe burn(s) that require(s) debridement?

If yes, continue to #2.

If no, do not approve.

**DENIAL TEXT:** See the denial text at the end of the guideline.

2. Is the requested quantity for one tube (30 grams) or less?

If yes, **approve by GPID or GPI-14 for one fill with a quantity limit of #30 grams.**

If no, continue to #3.

3. Are **BOTH** of the following provided?

- The patient's wound size (width/length)
- The anticipated duration of therapy

If yes, **approve by GPID or GPI-14 for one fill with a quantity limit based on the Santyl dosing calculator (<https://santyl.com/hcp/dosing>).**

If no, do not approve.

**DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **COLLAGENASE TOPICAL (Santyl)** requires the following rule(s) be met for approval:

- A. You have chronic dermal (skin) ulcer(s) or severe burn(s) that require(s) debridement (removal of damaged tissue from a wound)
- B. **If the requested quantity is more than one tube (30 grams), approval also requires:**
  1. The higher quantity is based on the size of your wound (width/length) and the anticipated duration of therapy, using the Santyl dosing calculator (<https://santyl.com/hcp/dosing>)

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Santyl.

**REFERENCES**

- Santyl [Prescribing Information]. Fort Worth, TX: Smith & Nephew, Inc., May 2019.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 04/01/22

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P&T Approval: 10/21