 <p>JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTHCARE</p>	Johns Hopkins HealthCare LLC Pharmacy Public Pharmacy Management Drug Policies	<i>Policy Number</i>	MEDS085	
		<i>Effective Date</i>	01/01/2015	
		<i>Review Date</i>	01/21/2015	
	<i>Subject</i>	Santyl	<i>Revision Date</i>	12/02/2021
			<i>Page</i>	1 of 2

This document applies to the following Participating Organizations:

Priority Partners

Keywords: Santyl

Table of Contents	Page Number
I. <u>POLICY</u>	1
II. <u>POLICY CRITERIA</u>	1
III. <u>AUTHORIZATION PERIOD/LIMITATIONS</u>	1
IV. <u>EXCLUSIONS</u>	1
V. <u>REFERENCES</u>	1
VI. <u>APPROVALS</u>	1

I. POLICY

- A. Santyl (collagenase) will require prior authorization to ensure appropriate use. The process for initiating a prior authorization request can be found in policy PHARM 20.
 1. PPMCO members are subject to the Priority Partners formulary, available at www.ppmco.org.
 2. USFHP members are subject to prior authorization criteria, step-edits and days-supply limits outlined in the Tricare Policy Manual. Tricare Policy supersedes JHHC Medical/Pharmacy Policies. Tricare limits may be accessed at: http://pec.ha.osd.mil/formulary_search.php?submenuheader=1

II. POLICY CRITERIA

- A. Santyl will be approved for the following:
 1. For treatment of debriding chronic dermal ulcers

Or

 2. Burn management, after trial of Silvadene

III. AUTHORIZATION PERIOD/LIMITATIONS

- A. Initial approval will be restricted to 6 months of therapy.
- B. Approval for continuation of therapy may be extended in 6-month intervals with documentation showing necessity and clinical improvement.

IV. EXCLUSIONS


- A. Santyl will not be approved for patients, who have had an adverse reaction to Santyl and its components.
- B. The use of physician samples, or manufacturer product discounts, does not guarantee coverage under the provisions of the medical and/or pharmacy benefit. All pertinent criteria must be met in order to be eligible for benefit coverage.

V. REFERENCES

1. Santyl (Collagenase) [prescribing information]. Fort Worth, TX: Healthpoint, Ltd.; 2016.

VI. APPROVALS

Signature on file at JHHC

 <p>JOHNS HOPKINS M E D I C I N E JOHNS HOPKINS HEALTHCARE</p>	Johns Hopkins HealthCare LLC Pharmacy Public Pharmacy Management Drug Policies	<i>Policy Number</i>	MEDS085
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		<i>Page</i>	2 of 2

DATE OF REVISION	SUMMARY OF CHANGE
03/30/2016	Clarified reauthorization criteria
07/27/2017	Updated Exclusions section regarding physician samples
12/02/2021	Updated references

Review/Revision Dates: 10/15/2014, 01/21/2015, 03/30/2016, 07/27/2017, 12/02/2021