# MEDICAL POLICY



MEDICAL POLICY DETAILS	
<b>Medical Policy Title</b>	Growth Factors for Wound Healing
Policy Number	2.01.24
Category	Technology Assessment
<b>Original Effective Date</b>	10/18/01
<b>Committee Approval</b>	10/18/01, 05/16/02, 04/24/03, 05/19/04, 07/21/05, 03/16/06, 01/18/07, 01/17/08, 01/15/09,
Date	02/18/10, 02/17/11, 02/16/12, 02/21/13, 02/20/14, 01/22/15, 01/21/16, 03/16/17, 02/15/18,
	01/16/20, 01/21/21, 01/20/22, 01/19/23, 01/18/24
<b>Current Effective Date</b>	01/18/24
<b>Archived Date</b>	01/18/24
<b>Archive Review Date</b>	N/A
<b>Product Disclaimer</b>	• Services are contract dependent; if a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.
	• If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit.
	<ul> <li>If a Medicaid product covers a specific service, and there are no New York State         Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.</li> <li>If a Medicare product (including Medicare HMO-Dual Special Needs Program         (DSNP) product) covers a specific service, and there is no national or local Medicare         coverage decision for the service, medical policy criteria apply to the benefit.</li> </ul>
	• If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

## **POLICY STATEMENT**

Recombinant Platelet-Derived Growth Factors: Becaplermin gel, Regranex

- I. Based upon our criteria and assessment of the peer-reviewed literature, recombinant human platelet-derived growth factor (Becaplermin gel) for topical administration has been medically proven to be effective and, therefore, is considered **medically appropriate** when used as an adjunct to standard wound management for neuropathic diabetic ulcers extending into the subcutaneous tissue and meet **ALL** of the following criteria:
  - A. Adequate tissue oxygenation, as measured by:
    - 1. a transcutaneous partial pressure of oxygen of 30 mm Hg or greater on the foot dorsum or at the margin of the ulcer; **OR**
    - 2. an ankle-brachial blood pressure index (ABI) greater than 0.70 or ankle systolic pressure greater than 70 mm Hg; **AND**
  - B. Full-thickness ulcer (i.e., stage III or IV), extending through dermis into subcutaneous tissues; AND
  - C. Participation in a wound management program, which includes sharp debridement, pressure relief (i.e., non-weight bearing), and infection control.
- II. Based upon our criteria and the lack of peer-reviewed literature, Becaplermin gel has not been medically proven to be effective and, therefore, is considered **investigational** for **ALL** of the following indications:
  - A. Ischemic diabetic ulcers;
  - B. Venous stasis ulcers;
  - C. Pressure ulcers:
  - D. Ulcers not extending through the dermis into the subcutaneous tissue;
  - E. Surgical wounds; AND
  - F. Ulcerated perineal hemangiomas of infancy.

Policy Number: 2.01.24

Page: 2 of 6

Autologous Platelet-Derived Preparations: Basic Fibroblast Growth Factor (BFGF), Epidermal Growth Factor (EGF), Placental Angiogenic Growth Factors (PGFs), and Platelet-Rich Plasma (PRP)

- III. Based upon our criteria and the lack of peer-reviewed literature, autologous platelet-derived preparations have not been medically proven to be effective and, therefore, are considered **investigational** in the treatment of:
  - A. Chronic non-healing wounds;
  - B. Surgical wounds; AND
  - C. All other conditions, including, but not limited to arthritis, Dupuytren's contracture, epicondylitis, plantar fasciitis, and tendinopathy.

## This policy does not address fibrin sealants.

Refer to Corporate Medical Policy #7.01.35 Bioengineered Tissue Products for Wound Treatment and Surgical Interventions

Refer to Corporate Medical Policy #11.01.03 Experimental and Investigational Services

## **POLICY GUIDELINES**

- I. Patients are typically treated with Becaplermin gel once daily for up to 20 weeks. Continuing Becaplermin treatment should be reconsidered if the ulcer is not reduced in size by 30% within 10 weeks of treatment, or complete healing has not occurred in 20 weeks. When expected reduction in ulcer size occurs successfully, the treatment is continued until the ulcer is completely healed. The increase in rate of healing must be balanced with the potential for increased risk of cancer. Application of the gel may be performed by the patient in the home.
- II. When purchased at a pharmacy, coverage for Becaplermin gel is dependent upon the member's prescription drug coverage.

## **DESCRIPTION**

Growth factors are polypeptides produced by cells during development and in response to injury. Owing to their effects on cell proliferation, growth factors have undergone extensive analyses, to determine their usefulness as wound healing agents.

A recombinant human platelet-derived growth factor, Becaplermin gel (Regranex), has biological activity similar to that of endogenous platelet-derived growth factor, which includes the promotion of chemotactic recruitment, proliferation of cells involved in wound repair, and enhancement of granulation tissue.

Examples of growth factors used in wound healing are:

- I. Basic Fibroblast Growth Factor (BFGF);
- II. Epidermal Growth Factor (EGF);
- III. Placental Angiogenic Growth Factors (PGFs); and
- IV. Platelet-Derived Growth Factor (PDGF).

Autologous PDGF is one of the polypeptides that control growth, differentiation, and activation of cell types essential for wound healing. The growth-promoting activities of PDGF are thought to be deficient in chronic wounds. Autologous PDGF preparations have been proposed as an adjuvant therapy for wound healing and to enhance healing following various types of surgery (e.g., oral and maxillofacial surgery, dental implants, non-union fractures).

Platelet-rich plasma (PRP) preparations, which contain growth factors, have been proposed as a primary treatment of miscellaneous conditions such as arthritis, Dupuytren's contracture, epicondylitis, plantar fasciitis, and tendinopathy.

The effectiveness of PDGF and PRP use for these conditions has not been demonstrated in the peer-reviewed literature.

## **RATIONALE**

Becaplermin gel (Regranex) has been approved by the U.S. Food and Drug Administration (FDA) specifically for use in the treatment of chronic neuropathic diabetic ulcers of the lower extremities. Becaplermin gel, in conjunction with a good wound care program, has been found to improve health outcomes of patients with chronic neuropathic diabetic ulcers, by

Policy Number: 2.01.24

**Page**: 3 of 6

producing complete wound healing and reducing the time to complete wound healing when compared to a good wound care program alone.

In 2008, the manufacturer of Regranex, Ortho-McNeil Pharmaceutical, added a boxed warning to the labeling, stating that an increased rate of mortality secondary to malignancy was observed in patients treated with three or more tubes of Regranex gel. The boxed warning was removed in November 2018 based on data submitted to the FDA by Smith and Nephew.

Available data are insufficient to permit positive conclusions regarding the use of Becaplermin gel for treatment of ulcers (e.g., ischemic diabetic ulcers, pressure ulcers, and venous ulcers), other than chronic neuropathic diabetic ulcers or other non-healing wounds in the investigational setting.

Evidence is insufficient regarding the use of PDGFs as a treatment of chronic non-healing wounds, surgical wounds, and other conditions, including, but not limited to, arthritis, Dupuytren's contracture, epicondylitis, plantar fasciitis, or tendinopathy.

A 2015 statement by the American Academy of Orthopedic Surgeons states, "Biologic therapies are becoming increasingly popular in orthopedics due to their potential to regenerate tissue and enhance bone healing. However, questions still remain about their efficacy and indications for use."

Published studies provide mixed results regarding the use of PRP: some show benefit of the treatment, while others show no or little benefit. Proof of the efficacy of PRP has not been demonstrated in clinical studies; additional well-designed, randomized, controlled studies are needed before conclusion can be made.

## **CODES**

- Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.
- CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.
- Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.
- Code Key: Experimental/Investigational = (E/I), Not medically necessary/appropriate = (NMN).

#### **CPT Codes**

Code	Description
0232T ( <b>E/I</b> )	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and
	preparation when performed

Copyright © 2024 American Medical Association, Chicago, IL

#### **HCPCS Codes**

Code	Description
G0460 (E/I)	Autologous platelet rich plasma (PRP) or other blood-derived product for nondiabetic
	chronic wounds/ulcers (includes, as applicable: administration, dressings, phlebotomy,
	centrifugation or mixing, and all other preparatory procedures, per treatment)
G0465 ( <b>E/I</b> )	Autologous platelet rich plasma (PRP) or other blood-derived product for diabetic
	chronic wounds/ulcers, using an FDA-cleared device for this indication, (includes, as
	applicable: administration, dressings, phlebotomy, centrifugation or mixing, and all
	other preparatory procedures, per treatment)
P9020 (E/I)	Platelet rich plasma, each unit
S0157	Becaplermin gel 0.01%, 0.5 gm
S9055 (E/I)	Procuren or other growth factor preparation to promote wound healing

Policy Number: 2.01.24

Page: 4 of 6

#### **NDC Codes**

Code	Description
50484-0810-15	Becaplermin

#### ICD10 Codes

Code	Description
E08.621	Diabetes mellitus due to underlying condition with foot ulcer
E08.622	Diabetes mellitus due to underlying condition with other skin ulcer
E09.621	Drug or chemical induced diabetes mellitus with foot ulcer
E09.622	Drug or chemical induced diabetes mellitus with other skin ulcer
E10.621	Type 1 diabetes mellitus with foot ulcer
E10.622	Type 1 diabetes mellitus with other skin ulcer
E11.621	Type 2 diabetes mellitus with foot ulcer
E11.622	Type 2 diabetes mellitus with other skin ulcer
E13.621	Other specified diabetes mellitus with foot ulcer
E13.622	Other specified diabetes mellitus with other skin ulcer

### REFERENCES

\*Agency for Healthcare Research and Quality. Pressure ulcer treatment strategies: comparative effectiveness. AHRQ Pub. No. 13-EHC003-1-EF. 2013 May [https://effectivehealthcare.ahrq.gov/sites/default/files/related\_files/pressure-ulcer-treatment\_executive.pdf] accessed 12/12/23.

\*American Academy of Orthopedic Surgeons: Management of Osteoarthritis of the Hip Evidence-based Clinical Proactive Guideline 3.13.17 [https://www.aaos.org/globalassets/quality-and-practice-resources/osteoarthritis-of-the-hip/oa-hip-cpg 6-11-19.pdf] accessed 12/12/23.

\*Battaglia M, et al. Efficacy of ultrasound-guided intra-articular injections of platelet-rich plasma versus hyaluronic acid for hip osteoarthritis. Orthopedics 2013 Dec;36(12):e1501-8.

Boesen AP, et al. Effect of platelet-rich plasma on nonsurgically treated acute Achilles tendon ruptures: a randomized, double-blinded prospective study. Am J Sports Med 2020 Jul;48(9):2268-2276.

\*Cardenosa ME, et al. Efficacy and safety of the use of platelet-rich plasma to manage venous ulcers. <u>J Tissue Viability</u> 2017 May:26(2):138-143.

Catapano M, et al. Effectiveness of platelet rich plasma injections for non-surgical management of carpal tunnel syndrome: a systematic review and meta-analysis of randomized controlled trials. <u>Arch Phys Med Rehabil</u> 2020 May;101(5):897-906.

Chen X, et al. Use of platelet-rich plasma for the improvement of pain and function in rotator cuff tears: a systematic review and meta-analysis with bias assessment. Am J Sports Med 2020 Jul;48(8):2028-2041.

Chen Z, et al. Platelet-rich plasma versus hyaluronic acid in the treatment of knee osteoarthritis: a meta-analysis. Medicine (Baltimore) 2020 Mar;99(11):e19388.

Dai J, et al. Autologous platelet-rick plasma treatment for patients with diabetic foot ulcers: a meta-analysis of randomized studies. Journal of Diabetes and Its Complications 2020; 34:1-7.

\*Dallari D, et al. Ultrasound-guided injection of platelet-rich plasma and hyaluronic acid, separately and in combination, for hip osteoarthritis: a randomized controlled study. <u>Am J Sports Med</u> 2016 Mar;44(3):664-71.

Davey MS, et al. Anterior cruciate ligament reconstruction with platelet-rich plasma: a systematic review of randomized control trials. <u>Arthroscopy</u> 2020 Apr;36(4):1204-1210.

Policy Number: 2.01.24

**Page**: **5** of **6** 

Haunschild ED, et al. Platelet-rich plasma augmentation in meniscal repair surgery: a systematic review of comparative studies. <u>Arthroscopy</u> 2020 Jun;36(6):1765-1774.

Hossam EM, et al. Autologous platelet rich plasma promotes the healing of non-ischemic diabetic foot ulcers. a randomized controlled trial. <u>Ann Vasc Surg</u> 2022 May;82:165-171.

Huang K, et al. Platelet-rich plasma versus corticosteroid injections in the management of elbow epicondylitis and plantar fasciitis: an updated systematic review and meta-analysis. <u>Am J Sports Med</u> 2020 Aug;48(10):2572-2585.

Ji-jun H, et al. Efficacy of using platelet-rich plasma in spinal fusion surgery-a preferred reporting items for systematic reviews and meta-analyses-compliant meta-analysis. World Neurosurg 2020 Jul;139:e517-e525.

\*Lawlor DK, et al. The role of platelet-rich plasma in inguinal wound healing in vascular surgery patients. <u>Vasc Endovascular Surg</u> 2011 Apr;45(3):241-5.

Li F, et al. Effect of platelet-rich plasma injections on pain reduction in patients with temporomandibular joint osteoarthrosis: a meta-analysis of randomized controlled trials. <u>J Oral Facial Pain Headache</u> 2020 Spring;34(2):149-156.

Luo P, et al. How to choose platelet-rich plasma or hyaluronic acid for the treatment of knee osteoarthritis in overweight or obese patients: a meta-analysis. Pain Res Manag 2020 Mar 10;2020:7587936.

\*Martí-Carvajal AJ, et al. Growth factors for treating diabetic foot ulcers. Cochrane Database of Systematic Reviews 2015 Oct;10:CD008548.

Mohammadi Tofigh A, Tajik M. Comparing the standard surgical dressing with dehydrated amnion and platelet-derived growth factor dressings in the healing rate of diabetic foot ulcer: A randomized clinical trial. <u>Diabetes Res Clin Pract</u> 2022 Mar;185:109775.

Nolan GS, Smith OJ, Heavey S, Jell G, Mosahebi A. Histological analysis of fat grafting with platelet-rich plasma for diabetic foot ulcers-A randomized controlled trial. Int Wound J 2022 Feb;19(2):389-398.

Qu W, et al. Platelet-rich plasma for wound care in the Medicare population. Technology assessment program project ID 040-353-492. Rockville, MD: Agency for Healthcare Research and Quality. September 2020. [http://www.ahrq.gov/research/findings/ta/index.html]. accessed 12/12/23.

Shetty S, et al. Platelet-rich plasma has better long-term results than corticosteroids or placebo for chronic plantar fasciitis: randomized controlled trial. J Foot Ankle Surg 2019 Jan;58(1):42-46.

\*Smith ME, et al. Pressure ulcer treatment strategies: a systematic comparative effectiveness review. <u>Ann Intern Med</u> 2013 Jul 2;159(1):39-50.

Smith OJ, et al., Fat grafting and platelet-rich plasma for the treatment of diabetic foot ulcers: A feasibility-randomized controlled trial. Int Wound J 2020 Dec; 17(6): 1578-1594.

U.S. Food and Drug Administration. Guidance for Industry: Chronic Cutaneous Ulcer and Burn Wounds -- Developing Products for Treatment. 2006 June:

 $[\underline{http://www.fda.gov/downloads/drugs/guidancecomplianceregulatoryinformation/guidances/ucm071324.pdf}]\ accessed\ 12/12/23.$ 

Wu Q, et al. Platelet-rich plasma versus hyaluronic acid in knee osteoarthritis: a meta-analysis with the consistent ratio of injection. J Orthop Surg (Hong Kong) Jan-Apr 2020;28(1):2309499019887660.

Xie J, et al. Autologous platelet-rich gel for the treatment of diabetic sinus tract wounds: a clinical study. <u>J Surg Res</u> 2020 Mar;247:271-279.

Yilmaz, G and Tanrikulu, Y. Short-term results of platelet-rich plasma in the treatment of chronic anal fissure: randomized controlled clinical study. Dis Colon Rectum 2021; 64(6): 714-723.

Zhao Z, et al. Different intra-articular injections as therapy for hip osteoarthritis: a systematic review and network meta-analysis. <u>Arthroscopy</u> 2020 May;36(5):1452-1464.e2.

Policy Number: 2.01.24

Page: 6 of 6
\*Key Article

## **KEY WORDS**

Becaplermin, Growth factors, Regranex, Platelet derived growth factor, PDGF, Platelet-rich plasma.

# CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a National Coverage Determination (NCD) for Blood-Derived Products for Chronic Non-Healing Wounds (#270.3). Please refer to the following websites for Medicare Members:

https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=217 accessed 12/12/23.