

**Texas Prior Authorization Program
Clinical Criteria**

Drug/Drug Class**Oxervate (cenegermin-bkbj)**

This criteria was recommended for review by an MCO to ensure appropriate and safe utilization.

Clinical Information Included in this Document**Oxervate ophthalmic solution**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section

Revision Notes

Initial publication

**Oxervate (cenegermin-bkbj)****Drugs Requiring Prior Authorization**

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
OXERVATE 0.002% EYE DROP	45762



Oxervate (cenegermin-bkbj)

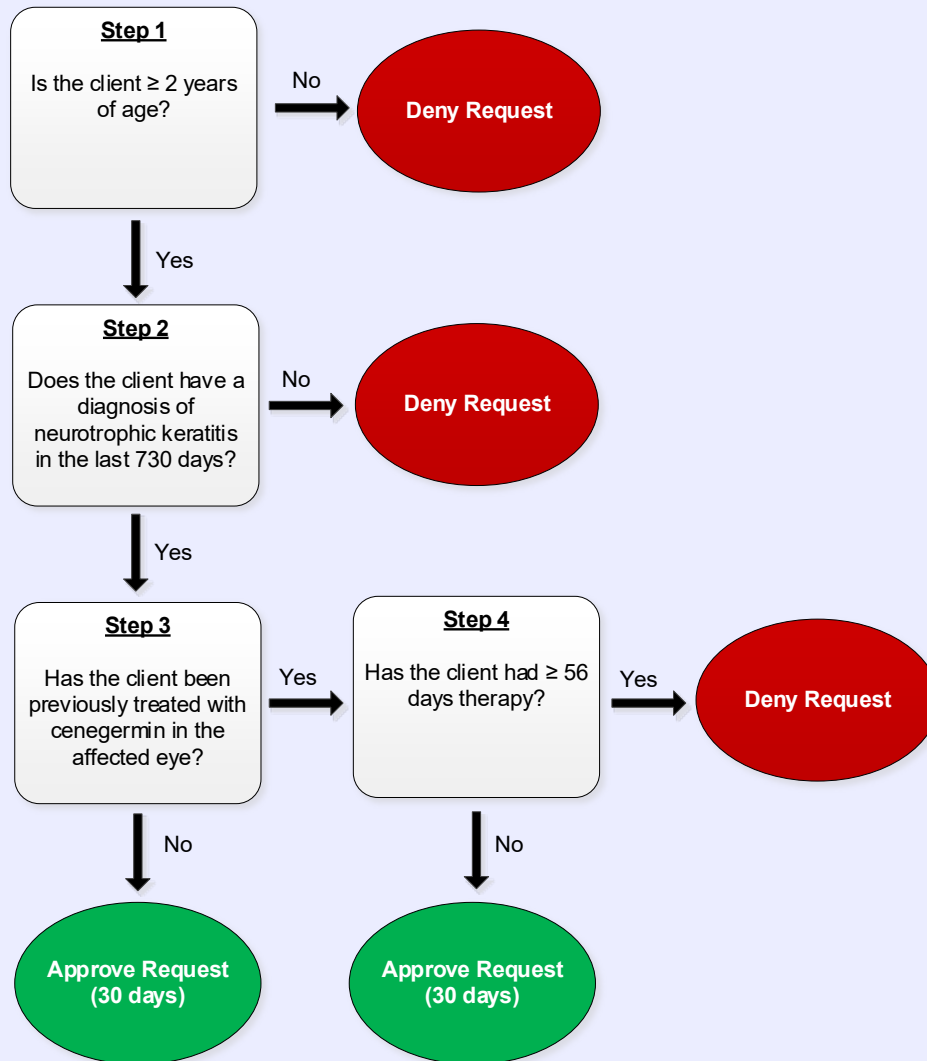
Clinical Criteria Logic

1. Is the client greater than or equal to (\geq) 2 years of age?
 Yes (Go to #2)
 No (Deny)
2. Does the client have a diagnosis of **neurotrophic keratitis** in the last 730 days?
 Yes (Go to #3)
 No (Deny)
3. Has the client been previously treated with cenegermin in the affected eye?
 Yes (Go to #4)
 No (Approve – 30 days)
4. Has the client received greater than or equal to (\geq) 56 days therapy?
 Yes (Deny)
 No (Approve – 30 days)



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Clinical Criteria Logic Diagram





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Clinical Criteria Supporting Tables

Step 2 (diagnosis of neurotrophic keratitis)	
Required diagnosis: 1	
Look back timeframe: 365 days	
ICD-10 Code	Description
H16231	NEUROTROPHIC KERATOCONJUNCTIVITIS RIGHT EYE
H16232	NEUROTROPHIC KERATOCONJUNCTIVITIS LEFT EYE
H16233	NEUROTROPHIC KERATOCONJUNCTIVITIS BILATERAL
H16239	NEUROTROPHIC KERATOCONJUNCTIVITIS UNSPECIFIED EYE



Oxervate (cenegermin-bkbj)

Clinical Criteria References

1. 2020 ICD-10-CM Diagnosis Codes. 2020. Available at www.icd10data.com. Accessed on July 24, 2020.
2. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2020. Available at www.clinicalpharmacology.com. Accessed on July 24, 2020.
3. Micromedex [online database]. 2020. Available at www.micromedexsolutions.com. Accessed on July 24, 2020.
4. Oxervate Prescribing Information. Boston, MA. Dompe U.S. Inc. October 2019.

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
07/24/2020	Initial publication and presentation to the DUR Board