



# TEXAS MEDICAID Clinical Edit Prior Authorization cenegermin-bkbj (OXERVATE)

## STEP 1: CLEARLY PRINT AND COMPLETE TO EXPEDITE PROCESSING

Date:	Prescriber First & Last Name:
Patient First & Last Name:	Prescriber NPI:
Patient Address:	Prescriber Address:
Patient ID:	Prescriber Phone:
Patient Date of Birth:	Prescriber Fax:

## STEP 2: COMPLETE REQUIRED CRITERIA

Indicate Primary Diagnosis: \_\_\_\_\_ ICD 10 Code: \_\_\_\_\_

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 (OXERVATE) 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)

## STEP 3: SIGN AND FAX TO: NAVITUS PRIOR AUTHORIZATION AT: 855-668-8553

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If criteria not met, submit chart documentation with form citing complex medical circumstances.  
For questions, please call Navitus Customer Care at 1-877-908-6023.