

## Cenegermin-bkbj (Oxervate™)

**Goal(s):**

- Ensure medically appropriate use of cenegermin

**Length of Authorization:**

- 8 weeks

**Requires PA:**

- Cenegermin-bkbj (Oxervate™)

**Covered Alternatives:**

- Current PMPDP preferred drug list per OAR 410-121-0030 at [www.orpdl.org](http://www.orpdl.org)
- Searchable site for Oregon FFS Drug Class listed at [www.orpdl.org/drugs/](http://www.orpdl.org/drugs/)

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code.	
2. Is this a request for continuation of therapy?	<b>Yes:</b> Pass to RPh. Deny; medical appropriateness  Cenegermin is only approved for 8 weeks of therapy	<b>No:</b> Go to #3
3. Is this for the treatment of Stage 2 or 3 neurotrophic keratitis?	<b>Yes:</b> Go to #4	<b>No:</b> Pass to RPh. Deny; medical appropriateness
4. Is it prescribed by or in consultation with an ophthalmologist?	<b>Yes:</b> Approve for 8 weeks	<b>No:</b> Pass to RPh. Deny; medical appropriateness

*P&T/DUR Review: 12/2020 (MH)  
Implementation: 1/1/2021*