

## Montana Healthcare Programs Drug Prior Authorization Coverage Criteria

Oxervate<sup>™</sup> (cenegermin-bkbj)

## **Review Criteria**

Member must meet all the following criteria:

- Diagnosis of stage II/III neurotrophic keratosis (NK) required
- Medication must be prescribed by or in consultation with an ophthalmologist
- Patient must be ≥ 2 years of age
- Approval granted only for 8-week duration (no evidence of benefit beyond 8 weeks)

## Limitations:

Maximum daily dose is 1 vial per day per eye affected