

POLICY NAME	Oxervate (cenegermin)	POLICY #	2712P
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Criteria

Coverage Criteria

- ☐ **1.1** Documented diagnosis of Stage 2 or Stage 3 neurotrophic keratitis, with decreased or absent corneal sensation, including which eye(s) is/are affected
- ☐ **1.2** Prescribed by or in consultation with an ophthalmologist (eye doctor) with expertise in corneal disorders
- ☐ **1.3** Documentation that any eye disease is currently being treated with standard therapies
 - May include preservative-free artificial tears as well as lubricant or antibiotic ointments
- ☐ **1.4** Review of chart notes documenting diagnosis and confirming that patient has met all of the above requirements for treatment with Oxervate by both a pharmacist and medical director