

Pharmacy Drug Policy Checklist

POLICY NAME Oxervate (cenegermin) POL	CY# 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 therapiesMay 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