



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

CENEGERMIN-BKBJ

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
CENEGERMIN-BKBJ	OXERVATE	45258		GPI-10 (8677002020)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of neurotrophic keratitis (NK) and meet **ALL** of the following criteria?
 - Therapy is prescribed by or given in consultation with an ophthalmologist
 - The patient has a medical history supportive of causative etiology for trigeminal nerve damage (e.g., herpes zoster infection, multiple sclerosis, diabetes, ocular surgical damage)
 - The patient has loss of corneal sensitivity, corneal epithelium changes, and/or loss of tear production
 - The patient is refractory to conservative management (i.e., artificial tears, ocular lubricants, topical antibiotics, therapeutic contact lenses)

If yes, **approve for 8 weeks per lifetime by HICL or GPI-10 as follows:**

- **If treatment is for 1 eye: #28 vials per 28 days for 2 fills.**
- **If treatment is for 2 eyes: #56 vials per 28 days for 2 fills.**

If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **CENEGERMIN-BKBJ (Oxervate)** requires the following rule(s) be met for approval:

- A. You have a diagnosis of neurotrophic keratitis (an eye disease due to a damaged eye nerve)
- B. Therapy is prescribed by or given in consultation with an ophthalmologist (eye doctor)
- C. You have a medical history that supports a cause for trigeminal nerve damage (damage to a nerve in the head) such as herpes zoster infection (shingles virus), multiple sclerosis (disorder where immune system attacks nerves), diabetes, ocular surgical (eye surgery) damage
- D. You have loss of corneal sensitivity, corneal epithelium changes, and/or loss of tear production
- E. You are refractory (not fully responsive) to conservative management that includes artificial tears, ocular lubricants, topical antibiotics, therapeutic contact lenses

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use.



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RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Oxervate.

REFERENCES

- Oxervate [Prescribing Information]. Boston, MA: Dompe U.S., Inc., December 2019.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 09/04/20

Created: 02/19

Client Approval: 09/20

P&T Approval: 01/19