

**Texas Prior Authorization Program
Clinical Criteria**

Drug/Drug Class

Oxervate (cenegermin-bkbj)

This criteria was recommended for review by an MCO to ensure appropriate and safe utilization.

Clinical Criteria Information included in this Document

- [Drugs requiring prior authorization](#): the list of drugs requiring prior authorization for this clinical criteria
- [Prior authorization criteria logic](#): a description of how the prior authorization request will be evaluated against the clinical criteria rules
- [Logic diagram](#): a visual depiction of the clinical criteria logic
- [Supporting tables](#): a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- [References](#): clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Annual review by staff

Updated references



Oxervate (cenegermin-bk bj)
Drugs Requiring Prior Authorization

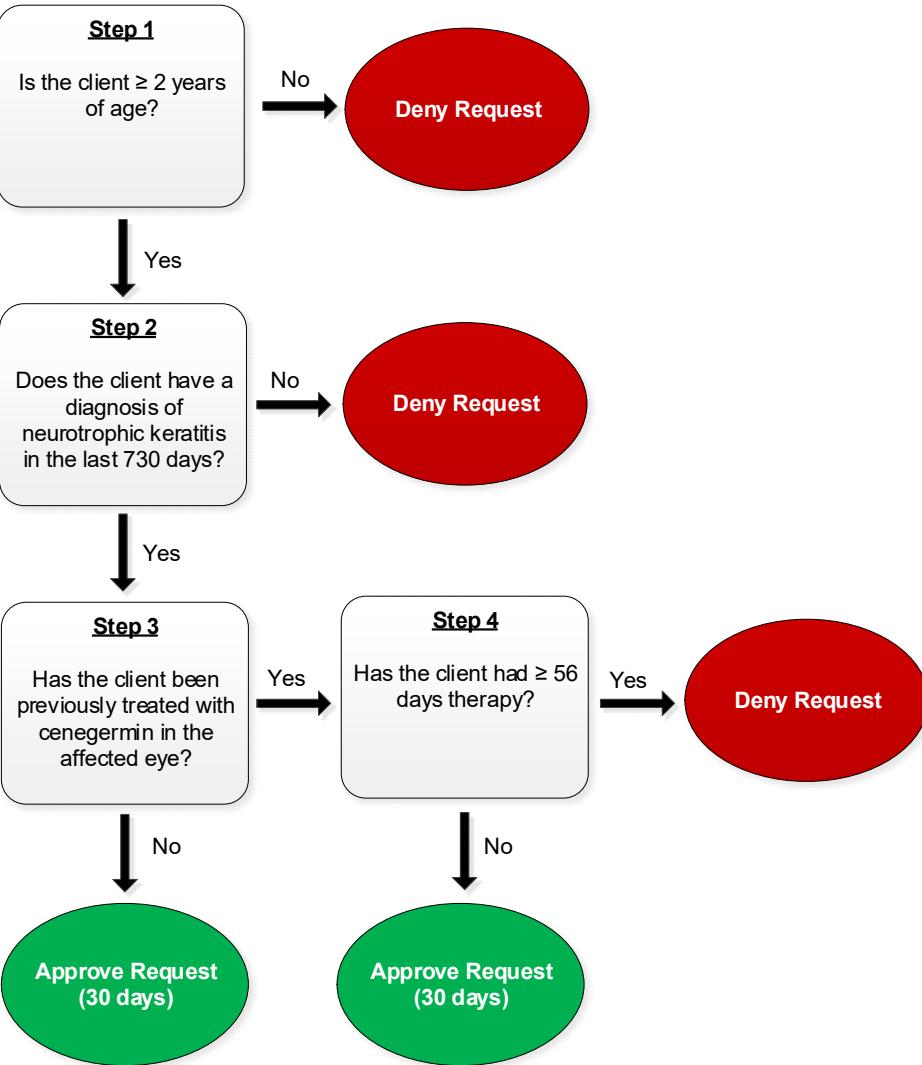
The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
OXERVATE 0.002% EYE DROP	45762



Oxervate (cenegermin-bk bj)
Clinical Criteria Logic

1. Is the client greater than or equal to (\geq) 2 years of age?
[] Yes – Go to #2
[] No – Deny
2. Does the client have a diagnosis of neurotrophic keratitis in the last 730 days?
[] Yes – Go to #3
[] No – Deny
3. Has the client been previously treated with cenegermin in the affected eye?
[] Yes – Go to #4
[] No – Approve (30 days)
4. Has the client received greater than or equal to (\geq) 56 days therapy?
[] Yes – Deny
[] No – Approve (30 days)



**Oxervate (cenegermin-bk bj)****Clinical Criteria Supporting Tables****Table 2 (diagnosis of neurotrophic keratitis)****Required diagnosis: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
H16231	NEUROTROPHIC KERATOCONJUNCTIVITIS RIGHT EYE
H16232	NEUROTROPHIC KERATOCONJUNCTIVITIS LEFT EYE
H16233	NEUROTROPHIC KERATOCONJUNCTIVITIS BILATERAL
H16239	NEUROTROPHIC KERATOCONJUNCTIVITIS UNSPECIFIED EYE



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Clinical Criteria References

1. 2025 ICD-10-CM Diagnosis Codes. 2025. Available at www.icd10data.com. Accessed on May 10, 2025.
2. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2025. Available at www.clinicalpharmacology.com. Accessed on May 10, 2025.
3. Micromedex [online database]. 2025. Available at www.micromedexsolutions.com. Accessed on May 10, 2025.
4. Oxervate Prescribing Information. San Mateo, CA. Dompé U.S. Inc. February 2025.



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Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the [Revision Notes](#) on the first page of this document.

Publication Date	Notes
07/24/2020	<ul style="list-style-type: none">Initial publication and presentation to the DUR Board
12/02/2022	<ul style="list-style-type: none">Annual review by staffUpdated references
01/10/2024	<ul style="list-style-type: none">Annual review by staffUpdated references
08/31/2024	<ul style="list-style-type: none">Annual review by staffUpdated references
06/30/2025	<ul style="list-style-type: none">Annual review by staffUpdated references