Louisiana Medicaid
Cenegermin-bkbj (Oxervate®)

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for cenegermin-bkbj (Oxervate®).

Additional Point-of-Sale edits may apply.

By submitting the authorization request, the prescriber attests to the conditions available HERE.

Approval Criteria for Initiation of Therapy

- The recipient is 2 years of age or older on the date of the request; **AND**
- The recipient has a diagnosis of moderate to severe neurotrophic keratitis; **AND**
- The medication is prescribed by, or the request states that this medication is being prescribed in consultation with, an ophthalmologist or optometrist; **AND**
- The dose does not exceed 1 vial per affected eye per day.

Duration of approval for initiation of therapy: 8 weeks

Approval Criteria for Continuation of Therapy

- The prescriber **states on the request** that the recipient is established on the medication with evidence of a positive response to therapy; **AND**
- The recipient has not received ≥ 16 weeks total of Oxervate® treatment per affected eye(s).

Duration of approval for continuation of therapy: up to 8 weeks
This agent is limited to a total of 16 weeks (lifetime 2 courses of treatment per affected eye).

Reference

Oxervate (cenegermin-bkbj) [package insert]. San Mateo, CA: Dompé U.S. Inc; December 2024. https://oxervate.com/wp-content/uploads/2024/12/OXERVATE-PI-Rev.-12-2024.pdf

Revision / Date	Implementation Date
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