

### **Pre - PA Allowance**

None

## **Prior-Approval Requirements**

Age 2 years of age or older

#### Diagnosis

The patient must have the following:

Neurotrophic keratitis

**AND** the following:

1. Patient or caregiver will be counseled on proper administration technique

# **Prior - Approval Limits**

**Quantity** 8 kits (1 kit = 7 multiple-dose vials) per affected eye per lifetime

# Prior – Approval Renewal Requirements

None

## Prior - Approval Renewal Limits

None