

Effective Date: 05/01/2019
Reviewed: 5/2019, 5/2020, 3/2021, 03/2022, 3/2023, 2/2024
Scope: Medicaid

Oxervate (cenegermin-bkbj)

POLICY

I. CRITERIA FOR APPROVAL

An authorization of 8 weeks may be granted when all the following criteria are met:

- A. The patient is 2 years of age or older
- B. The medication is prescribed by an ophthalmologist
- C. The patient must experience persistent epithelial defects (PED) or corneal ulceration of at least 2 weeks duration refractory to one or more conventional non-surgical treatments (e.g., preservative free artificial tears).
- D. Evidence of decreased corneal sensitivity (less than or equal to 4 cm using the Cochet-Bonnet aesthesiometer) within the area of the PED or corneal ulcer and outside of the area of the defect in at least one corneal quadrant.
- E. Performance of Schirmer test without anesthesia resulting in greater than 3 mm of moisture in 5 minutes
- F. The patient has not received a previous course of Oxervate in the affected eye.
- G. The patient is counseled on proper technique
- H. Ophthalmologist confirms that member/caregiver has sufficient dexterity to perform administration

II. QUANTITY LIMIT

Oxervate 0.002%: 28 vials every 28 days or if both eyes are affected 56 vials every 28 days

III. COVERAGE DURATION

- 8 weeks

IV. REFERENCES

1. Oxervate [package insert]. Boston, MA: Dompe U.S. Inc.; October 2023.
2. Evaluation of Safety and Efficacy of rhNGF in Patients With Stage 2 and 3 Neurotrophic Keratitis. (REPARO). Available at: <https://clinicaltrials.gov/ct2/show/NCT01756456>. Accessed October 4, 2022.
3. Bunya VY, Woodward MA, Rabiolo A, et al. Neurotrophic Keratitis. Neurotrophic Keratitis. American Academy of Ophthalmology. Published December 30, 2021. Available at: https://eyewiki.aaopt.org/Neurotrophic_Keratitis. Accessed October 12, 2022.