Effective Date: 05/01/2019
Reviewed:5/2019, 5/2020, 3/2021, 03/2022, 3/2023, 2/2024, 5/2024, 2/2025, 8/2025, 3/2026 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 member is 2 years of age or older
B. The medication is prescribed by an ophthalmologist or optometrist.
C. Documentation that the member has presence of 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. Documentation of decreased corneal sensitivity (e.g., cotton swab method, Cochet-Bonnet contact aesthesiometer, CRCERT-Belmonte non-contact 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. The member has not received a previous course of Oxervate in the affected eye.
F. The member is counseled on proper technique
G. Ophthalmologist or optometrist 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.; December 2024.
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.aao.org/Neurotrophic_Keratitis. Accessed October 12, 2022.