

Oxervate® (cenegermin-bkbj)
Effective 04/01/2020

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Oxervate is a recombinant human nerve growth factor indicated for the treatment of neurotrophic keratitis.

Coverage Guidelines

Authorization may be granted for a total of 8 weeks for members who are currently receiving treatment with Oxervate excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for a total of 8 weeks for members when all the following criteria are met, and documentation is provided:

1. Member is ≥ 2 years of age
2. The member has a documented diagnosis of neurotrophic keratitis
3. The medication is being prescribed by a specialist (e.g. ophthalmologist) or in consultation with a specialist
4. The member has had treatment failure with one conventional non-surgical treatment for neurotrophic keratitis (e.g. preservative-free artificial tears, gels or ointments)

Limitations

1. Approvals will be authorized for 8 weeks per eye.
2. The following quantity limits apply:

Oxervate	4 boxes per eye per 28 days
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References

1. Oxervate [package insert]. Boston, MA: Dompe U.S. Inc.; October 2019.

Review History

11/20/2019: Reviewed P&T

11/25/2019: Reviewed and approved DCC

01/22/2020: Approved P&T Mtg

09/21/2022: Reviewed at Sept P&T; Separated Comm/Exch vs MH policies; no clinical updates.

