Mass General Brigham
Health Plan

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

Plan	☐ MassHealth UPPL ☒ Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical and Specialty Medications**		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
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

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.