

Oxervate® (cenegermin-bkbj)
Effective 03/01/2025

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> 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
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	N/A		

Overview

Oxervate (cenegermin-bkbj) is a recombinant human nerve growth factor indicated for the treatment of neurotrophic keratitis. Treatment with Oxervate should be limited to 8 weeks per eye.

Coverage Guidelines

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted all of the following criteria are met:

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:

Drug Name	Quantity Limit
Oxervate	4 boxes per eye per 28 days

References

1. Oxervate (cegermin-bkbj) [prescribing information]. Boston, MA: Dompe U.S. Inc.; October 2023.

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.

12/11/2024 – Reviewed at December P&T. Updated language for members who are new to the plan. Effective 3/1/2025.

