

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

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Medical Benefit</b> <b>Pharmacy Benefit</b>	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
<b>Exceptions</b>	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  $\geq$  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.

