

Oxervate (cenegermin-bkbj)

Coverage Criteria:

Reserved for patients who meet the following criteria:

- 1. Prescribed by or in consultation with an ophthalmologist; and,
- 2. Patient is \geq 2 years of age; and,
- 3. Patient is diagnosed with stage 2 or 3 neurotrophic keratitis; and,
- 4. Patient has tried and failed or is contraindicated to all first line therapies listed:
 - a. lubricating eye drops; and,
 - b. prophylactic antibiotics; and,
 - c. autologous serum derived eye drops; and,
- 5. Provider attests treatment with Oxervate is anticipated to improve vision and patient does not have other eye condition that would limit benefits on vision that therapy with Oxervate treatment is expected to provide; and,
- 6. Provider attests they have educated patient on administration technique, drug storage and drug preparation requirements; and,
- 7. Total duration of therapy does not exceed 8 weeks; and,
- 8. Prescribed within FDA approved dosing regimen.

Coverage Duration:

Initial authorization will be provided for 8 weeks, and limited to one treatment course total. Reauthorizations will be not be approved.

Other Criteria:

Oxervate 0.002% per ml vials: 28 vials per 28 days