



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2024 P 1269-6
Program	Prior Authorization/Notification
Medication	Oxervate® (cenegermin-bkbj) ophthalmic solution
P&T Approval Date	2/2019, 2/2020, 2/2021, 2/2022, 2/2023, 2/2024
Effective Date	5/1/2024

1. Background:

Oxervate (cenegermin-bkbj) ophthalmic solution is a recombinant human nerve growth factor indicated for the treatment of neurotrophic keratitis.

2. Coverage Criteria^a:

<p>A. <u>Neurotrophic Keratitis</u></p> <p>1. Oxervate will be approved based on the following criterion:</p> <p>a. Diagnosis of Stage 2 or 3 neurotrophic keratitis</p> <p>Authorization will be issued for one 8 week authorization</p> <p>^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.</p>

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

1. Oxervate [prescribing information]. Boston, MA: Dompé U.S. Inc.; October 2023.
2. Sacchetti, M., Lambiase, A. Diagnosis and management of neurotrophic keratitis. *Clinical Ophthalmology* 2014;8: 571-9.

Program	Prior Authorization/Notification - Oxervate (cenegermin-bkbj)
Change Control	
2/2019	New program.
2/2020	Annual review. Updated references.
2/2021	Annual review with no changes to clinical coverage criteria.
2/2022	Annual review with no change to clinical criteria.

2/2023	Annual review with no change to clinical criteria. Added state mandate footnote.
2/2024	Annual review with no change to clinical criteria. Updated reference.