

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2025 P 2160-7
Program	Prior Authorization/Medical Necessity
Medication	Oxervate® (cenegermin-bkbj) ophthalmic solution
P&T Approval Date	2/2019, 2/2020, 2/2021, 2/2022, 2/2023, 2/2024, 2/2025
Effective Date	5/1/2025

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:

A. Neurotrophic Keratitis

1. **Oxervate** will be approved based on **all** the following criteria:

a. Diagnosis of Stage 2 or 3 neurotrophic keratitis

-AND-

b. History of failure to at least **one** OTC ocular artificial tear product (e.g., Systane® Ultra, Akwa® Tears, Refresh Optive®, Soothe® XP)

-AND-

c. Prescribed by or in consultation with one of the following:

- (a) Ophthalmologist
- (b) Optometrist

Authorization will be issued for one 8 week authorization

^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.

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.; December 2024.
2. Sacchetti, M., Lambiase, A. Diagnosis and management of neurotrophic keratitis. *Clinical Ophthalmology* 2014;8: 571-9.

Program	Prior Authorization/ Medical Necessity - 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.
2/2024	Annual review with no change to clinical criteria. Updated reference.
2/2025	Annual review with no change to clinical criteria. Updated reference.