



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2022 P 1269-4
Program	Prior Authorization/Notification
Medication	Oxervate™ (cenegermin-bkbj) ophthalmic solution
P&T Approval Date	2/2019, 2/2020, 2/2021, 2022
Effective Date	5/1/2022; Oxford only: N/A

1. Background:

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

2. Coverage Criteria:

<p>A. <u>Neurotrophic Keratitis</u></p> <p>1. Oxervate will be approved based on the following criterion:</p> <p style="padding-left: 40px;">a. Diagnosis of Stage 2 or 3 neurotrophic keratitis</p> <p style="text-align: center;">Authorization will be issued for one 8 week authorization</p>
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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 2019.
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.