Clinical Policy: Cenegermin-bkbj (Oxervate)

Reference Number: PA.CP.PMN.186
Effective Date: 01/2019
Last Review Date: 01/2026

Description
Cenegermin-bkbj (Oxervate™) is recombinant human nerve growth factor (rhNGF).

FDA Approved Indication(s)
Oxervate is indicated for the treatment neurotrophic keratitis.

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of PA Health & Wellness® that Oxervate is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Neurotrophic Keratitis (must meet all)**:**

1. Diagnosis of stage 2 or 3 neurotrophic keratitis (*see Appendix D*);
2. Prescribed by or in consultation with an ophthalmologist or optometrist;
3. Age ≥ 2 years;
4. Documented evidence of decreased corneal sensitivity (e.g., ≤ 4 cm using the Cochet-Bonnet aesthesiometer, cotton swab method, CRCERT-Belmonte non-contact aesthesiometer) within the area of the persistent epithelial defect (PED) or corneal ulcer and outside of the area of the defect in at least one corneal quadrant;
5. Disease is refractory to at least one conventional non-surgical treatment for neurotrophic keratitis (e.g., preservative-free artificial tears, gels or ointments; amniotic membrane therapy; discontinuation of preserved topical drops and medications that can decrease corneal sensitivity; therapeutic contact lenses, botulinum induced ptosis, tarsorrhaphy, for stromal melting N-acetylcysteine, oral tetracycline, medroxyprogesterone, autologous serum tears, punctal occlusion);
6. Dose does not exceed 1 vial per affected eye per day.

Approval duration: 8 weeks

B. Other diagnoses/indications

1. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53.

II. Continued Therapy*

A. Neurotrophic Keratitis (must meet all)**:**

1. Currently receiving medication via PA Health & Wellness benefit or member has previously met all initial approval criteria or the Continuity of Care policy (PA.PHARM.01) applies;

2. Member is responding positively to therapy;
3. If member received one 8 week course of treatment and request is for a second 8 week treatment course in the same affected eye*, one of the following (a or b):
    a. Member did not achieve complete corneal healing in the affected eye;
    b. Member has recurrence of neurotrophic keratitis in the affected eye that requires retreatment;

    ** Requests for a newly affected eye should be reviewed under Section I above*
4. If request is for a dose increase, new dose does not exceed 1 vial per affected eye per day.

Approval duration: 8 weeks

B. Other diagnoses/indications (must meet 1 or 2)**:**

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.PHARM.01) applies.
   Approval duration: Duration of request or 12 months (whichever is less); or
2. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53.

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policy – PA.CP.PMN.53 or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
FDA: Food and Drug Administration
rhNGF: Recombinant human nerve growth factor

Appendix B: Therapeutic Alternatives
Not applicable

Appendix C: Contraindications/Boxed Warnings
None reported

Appendix D: General Information

- Definitions of neurotrophic keratitis stages 1-3:
    - Stage 1: Punctate keratopathy and/or corneal epithelial hyperplasia and irregularity.
    - Stage 2: Persistent corneal epithelial defect (PED), typically oval or circular in shape, with smooth and rolled edges.
    - Stage 3: Corneal stroma and a corneal ulcer is observed. Corneal ulceration tends to progress to perforation and/or stromal melting if not promptly and properly treated.

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Neurotrophic Keratitis	1 drop in the affected eye every 2 hours six times a day for 8 weeks	6 drops per affected eye per day

VI. Product Availability

Ophthalmic solution: 0.002% (20 mcg/mL)

VII. References

1. Oxervate Prescribing Information. Milan, Italy: Dompe farmaceutici S.p.A; december 2024. Available at: https://oxervate.com/wp-content/uploads/2025/01/OXERVATE-PI-Rev.-12-2024.pdf. Accessed October 21, 2025.
2. European Medicines Agency, Science Medicines Health/Assessment Report. Updated May 18, 2017. Available at: https://www.ema.europa.eu/en/documents/assessment-report/oxervate-epar-public-assessment-report_en.pdf.
3. Cunha AM, Bunya V, Woodward N, et al. Neurotrophic Keratitis. Last updated June 18, 2024. Available at: https://eyewiki.aao.org/Neurotrophic_Keratitis. Accessed November 7, 2025.
4. Bonini S, Lambiase A, Rama P, et al. Phase II randomized, double-masked, vehicle-controlled trial of recombinant human nerve growth factor for neurotrophic keratitis. *Ophthalmology*. 2018;125:1332-1343.
5. Pflugfelder SC, Massaro-Giordano M, Perez VL, et al. Topical recombinant human nerve growth factor (cenegermin) for neurotrophic keratopathy: a multicenter randomized vehicle-controlled pivotal trial. *Ophthalmology*. 2020;127:14-26.

Reviews, Revisions, and Approvals	Date
1Q 2019 Policy created	01/2019
1Q 2020 annual review: Added requirement for stage 2 and 3 disease to initial approval criteria; references reviewed and updated.	01/2020
1Q 2021 annual review: no significant changes; references reviewed and updated.	01/2021
1Q 2021 annual review: references reviewed and updated.	01/2022
1Q 2023 annual review: for continued therapy added the following criteria to clarify maximum treatment duration: Member has not received ≥ 16 weeks total of Oxervate treatment per affected eye(s); clarified continued therapy approval duration limited to lifetime 2 courses of treatment *per affected eye*; references reviewed and updated.	01/2023
1Q 2024 annual review: added optometrist as an additional prescriber option; references reviewed and updated.	01/2024
1Q 2025 annual review: no significant changes; references reviewed and updated.	01/2025
1Q 2026 annual review: added diagnostic requirement for documented evidence of decreased corneal sensitivity; added requirement that disease is refractory to at least one conventional non-surgical treatment; for continuation of therapy, for a second 8 week treatment course added	01/2026

Reviews, Revisions, and Approvals	Date
requirement that member did not achieve complete corneal healing or has recurrence of neurotrophic keratitis in the affected eye that requires retreatment; references reviewed and updated.	