		AETNA BETTER HEALTH® Coverage Policy/Guideline	
Name:	Oxervate	Page:	1 of 2
Effective Date:	3/14/2025	Last Review Date:	2/19/2025
Applies to:	<input checked="" type="checkbox"/> Illinois <input checked="" type="checkbox"/> Florida Kids	<input checked="" type="checkbox"/> New Jersey <input checked="" type="checkbox"/> Pennsylvania Kids	<input checked="" type="checkbox"/> Maryland <input checked="" type="checkbox"/> Virginia

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Oxervate under the patient's prescription drug benefit.

Description:

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication

Oxervate is indicated for the treatment of neurotrophic keratitis.

All other indications are considered experimental/investigational and not medically necessary.

Applicable Drug List:

Oxervate

Policy/Guideline:

Prescriber Specialties


This medication must be prescribed by or in consultation with an ophthalmologist or optometrist.

Criteria for Initial Approval:

Neurotrophic keratitis

Authorization of 16 weeks (8 weeks total therapy per eye) may be granted for treatment of Stage 2 and Stage 3 neurotrophic keratitis when ALL the following criteria are met:

- A. The member must experience persistent epithelial defects (PED) or corneal ulceration of at least 2 weeks duration refractory to one or more conventional non-surgical treatments (e.g., preservative free artificial tears).
- B. There is evidence of decreased corneal sensitivity (e.g., cotton swab method, Cochet-Bonnet contact aesthesiometer, CRCERT-Belmonte non-contact aesthesiometer) within the area of the PED or corneal ulcer and outside of the area of the defect in at least one corneal quadrant.
- C. The member has not received a previous 8-week course of Oxervate in the affected eye.

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Approval Duration and Quantity Restrictions:

Approval: 16 weeks (8 weeks total therapy per eye)

Quantity Level Limit: Reference Formulary for drug specific quantity level limits

References:

1. Oxervate [package insert]. San Mateo, CA: Dompe U.S. Inc.; December 2024.
2. 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. *Ophthalmol.* 2018;125(9):1332-1343. doi: 10.1016/j.optha.2018.02.022
3. Cunha AN, Bunya VY, Woodward MA, et al. Neurotrophic keratitis. *American Academy of Ophthalmology EyeWiki*. Updated June 18, 2024. Accessed October 9, 2024. https://eyewiki.aao.org/Neurotrophic_Keratitis.