



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Oxervate

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Effective Date: 3/4/2024

Last Review Date: 01/12/2024

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input type="checkbox"/> Michigan
	<input type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input checked="" type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input checked="" type="checkbox"/> Virginia	<input type="checkbox"/> Texas

### 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 a recombinant human nerve growth factor indicated for the treatment of neurotrophic keratitis.

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

### Applicable Drug List:

Oxervate

### Policy/Guideline:

#### Criteria for Initial Approval:

##### Neurotrophic keratitis

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

- 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).
- 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.
- The member has not received a previous 8-week course of Oxervate in the affected eye.

### Approval Duration and Quantity Restrictions:

**Approval:** 8 weeks total per eye

**Quantity Level Limit:** Oxervate 0.002% ophthalmic solution, carton containing 7 vials (1 mL in each vial): 16 cartons (112 mL) per 56 days



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**References:**

1. Oxervate [package insert]. Boston, MA: Dompe U.S. Inc.; October 2019.
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):1332-433.
3. Bunya VY, Woodward MA, Rabiolo A, et al. Neurotrophic Keratitis. Neurotrophic Keratitis. American Academy of Ophthalmology. Published December 30, 2021. Available at: [https://eyewiki.aao.org/Neurotrophic\\_Keratitis](https://eyewiki.aao.org/Neurotrophic_Keratitis). Accessed October 12, 2023.