 <p>JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTHCARE</p>	Johns Hopkins HealthCare LLC Pharmacy Public Pharmacy Management Drug Policies	<i>Policy Number</i>	MEDS117
		<i>Effective Date</i>	07/17/2019
		<i>Review Date</i>	07/17/2019
	<i>Subject</i> Oxervate	<i>Revision Date</i>	12/08/2021
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This document applies to the following Participating Organizations:

Priority Partners

Keywords: Oxervate

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I. POLICY

Oxervate (Cenegermin) will require prior authorization to ensure appropriate use. The process for initiating a prior authorization request can be found in policy PHARM 20.

- PPMCO members are subject to the Priority Partners formulary, available at www.ppmco.org.
- USFHP members are subject to prior authorization criteria, step-edits and days-supply limits outlined in the Tricare Policy Manual. Tricare Policy supersedes JHHC Medical/Pharmacy Policies. Tricare limits may be accessed at: http://pec.ha.osd.mil/formulary_search.php?submenuheader=1

II. POLICY CRITERIA

- Oxervate** may be approved for the following:
 - Patient is 2 years of age or older
 - Documented diagnosis of stage 2 or stage 3 neurotrophic keratitis in one or both eyes, as evidenced by one of the following:
 - Persistent epithelial defects
 - Corneal ulcer
 - Patient has had trial and inadequate response to at least one formulary OTC ocular artificial tear product
 - Prescriber is, or has consulted with, an Ophthalmologist

III. AUTHORIZATION PERIOD/LIMITATIONS


- Initial approval will be limited to 2 months of therapy/
- No approval extensions will be authorized.

IV. EXCLUSIONS

- Oxervate will not be approved for any indications or uses that are not FDA-approved or guideline-supported.
- The use of physician samples, or manufacturer product discounts, does not guarantee coverage under the provisions of the medical and/or pharmacy benefit. All pertinent criteria must be met in order to be eligible for benefit coverage.

V. REFERENCES

- Oxervate [prescribing information]. Boston, MA:Dompé U.S. Inc.; August 2018.

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

VI. APPROVALS

Signature on file at JHHC

DATE OF REVISION	SUMMARY OF CHANGE
07/17/2019	Policy Creation
12/08/2021	Updated Exclusions section regarding physician samples

Review Date:07/17/2019

Revision Date: 12/08/2021