oxervate®
(cenegermin-bkbj) ophthalmic solution 0.002% (20 mcg/mL)

Accredo
By EVERNORTH

Accredo Specialty Pharmacy Access and Fulfillment Guide for OXERVATE®

Essential steps for prescribing OXERVATE

What's inside

Accredo and Dompé's highly trained field teams are ready to ensure success in helping appropriate patients get OXERVATE in an efficient and timely manner

Please see the Important Safety Information on page 7 and find the full Prescribing Information at OXERVATEhcp.com.

Scan the QR code to download helpful resources
or visit OXERVATEhcp.com/resources

Meet your OXERVATE® support team

Accredo
By EVERNORTH

Getting a patient started on OXERVATE requires a few steps. Accredo Specialty Pharmacy can help coordinate each of these to make it as smooth as possible.

Accredo provides

- Benefits verification
- Prior authorization and appeals support
- Financial assistance support
- Shipment coordination
- Medication fulfillment
- Pharmacist counseling

Resources are available to support you along the full access journey, and your Key Account Manager (KAM) is your primary point of contact for any questions.

1 How to prescribe OXERVATE

There are 2 ways to prescribe OXERVATE through Accredo.

E-prescribe

Step 1: Download the Patient *Authorization* Form using the QR code above or by visiting **www.OXERVATEhcp.com/resources** and have the patient sign it, then fax it to **1-888-454-8488**.

Step 2: Use your practice's EHR system to E-prescribe OXERVATE to:

Accredo Specialty Pharmacy
NCPDP: 4436920
Location: Memphis, TN
Phone: 1-877-831-8112
Mon-Fri 8 AM-8 PM

OR

Fax

Complete the Patient *Enrollment* Form, which also serves as the prescription for OXERVATE. You can obtain the form by downloading it from **www.OXERVATEhcp.com/resources** or by scanning the QR code at the top of this page. Once the form is filled out, please ensure that the patient signs the authorization section.

Reminder: Patients must sign the patient authorization.

The completed form can be faxed to Accredo.
Fax: 1-888-454-8488

Scan the QR code to download helpful resources
or visit OXERVATEhcp.com/resources

When E-prescribing, input the following REQUIRED information. This information can also be used for prior authorizations.

Full 8-week quantity of OXERVATE		
	Quantity	**Day supply**
Unilateral treatment	56 mL	56 days
Bilateral treatment	112 mL	56 days
Directions	**Instill 1 drop in [the right eye, the left eye, or both eyes] every 2 hours, 6 times a day, for 8 weeks**	
For electronic prescriptions	**1 carton of OXERVATE = 7 mL (1 mL/vial)** Full 8 weeks of therapy (8 cartons) = 56 mL per eye	

Input the following required information in "Note to Pharmacy" (see example below) or in the free text field:

- Applicable ICD-10 code(s)
- Office contact name and email address

Example:

Note to Pharmacy:
HXX.XXX
John Smith: John.Smith@address.com

Applicable ICD-10 codes[1]

	Neurotrophic keratoconjunctivitis
Right eye	H16.231
Left eye	H16.232
Bilateral	H16.233

After prescribing using either method, be sure to visit MyAccredoPatients.com to:

- Monitor and track your patients' orders
- Generate patient reports
- Upload clinical documentation
- Chat with a live agent

Remember to fax a Patient Authorization Form signed by the patient to 1-888-454-8488

2 Benefits Verification

After enrollment, Accredo will work with the patient's health plan to obtain coverage details.

Benefits verification results may include

- Plan and insurance details
- Prior authorization requirements

Your office will receive a fax with confirmation of enrollment within 1 business day.

Scan the QR code to download helpful resources
or visit OXERVATEhcp.com/resources

3 Prior Authorization

OXERVATE® is covered by most Commercial health plans and Medicare/Medicaid with a prior authorization.

~82% of all enrollments are approved[2]

Insurers often require prior authorizations for specialty medications like OXERVATE. Prior authorization requires ECPs to obtain advance approval from a health plan to qualify for payment coverage. Requirements for OXERVATE prior authorization may include but are not limited to:

- ICD-10 code(s)
- NK stage: 1, 2, or 3
- Corneal sensitivity testing results
- One or more prior failed treatments (eg, artificial tears, ointment, bandage contact lens)

Many prior authorization denials are for administrative errors or missing information. Complete prior authorization submissions can reduce the time to therapy for patients. To help ensure that your submission is as complete and accurate as possible, a prior authorization checklist is available by scanning the QR code at the top of this page.

TIP: Prior authorizations denied for administrative errors can be resubmitted with corrected information without moving to the appeal process.

4 Coverage Decision

If coverage is approved, move on to step 5.

If coverage is denied, read the denial letter, as your office may need to:

- Correct and resubmit the prior authorization
- Submit additional documentation
- Obtain patient's consent to appeal, if required by the plan

Accredo can help explain payer requirements and next steps during the appeal process. Appeal requirements may include, but are not limited to:

- **Appeal letter:** Explain why the treatment is essential, including the patient's full clinical history, failed prior treatments, and potential consequences if the treatment is not approved. Patient approval may be required to submit the appeal to the plan
- **Patient medical records:** Clinical notes, history, physical exam results, and relevant scoring forms or charts
- **Diagnostic results:** Copies of imaging reports, lab results, and pathology findings supporting the diagnosis
- **Clinical guidelines:** Peer-reviewed journal articles, FDA guidelines, or medical society recommendations that validate the requested treatment as the standard of care

Resources to aid with appeals, including guidance for appeal letters or letters of medical necessity, can be downloaded by scanning the QR code at the top of this page or by visiting **OXERVATEhcp.com/resources**.

Scan the QR code to download helpful resources
or visit OXERVATEhcp.com/resources

5 Coverage and Financial Assistance

Once coverage is approved, Accredo Specialty Pharmacy will contact the patient to discuss any out-of-pocket costs and available financial assistance options.

$0

Most patients with Commercial coverage pay $0 for OXERVATE®*

Some Medicare patients may have out-of-pocket costs†; if so, third-party foundation assistance may be available

Most Medicaid patients pay $0 for OXERVATE[2]

Underinsured or uninsured patients may qualify to receive OXERVATE at no cost through Dompé's Patient Assistance Program

6 Delivery Coordination and Confirmation

After coverage and financial review are complete, Accredo will contact the patient to schedule the first shipment. This ensures that your patient will be home to receive the medication and refrigerate it immediately.

Emphasize to patients that it's important for them to answer this call.

Patients should be reminded that:

- OXERVATE is an 8-week eye drop regimen delivered directly to them
- A 14-day supply of OXERVATE is mailed to them every 2 weeks and must be refrigerated within 5 hours of shipment delivery
- Each day, they will remove a new vial from the refrigerator. This vial may be kept at room temperature for 12 hours (up to 77 °F [25 °C]) and then discarded

*For eligible patients. Program subject to change.
†Actual out-of-pocket costs will vary depending on how much the patient has contributed toward their annual maximum.

References: 1. Centers for Medicare & Medicaid Services. 2026 ICD-10-CM: June 5, 2026 UPDATE. Accessed June 30, 2026. https://www.cms.gov/medicare/coding-billing/icd-10-codes **2.** Data on file. San Mateo, CA: Dompé U.S. Inc.

Your patients will be supported throughout their journey with OXERVATE®

They can expect:

- A welcome call to explain the steps before receiving OXERVATE
- Financial assistance support if needed
- Delivery coordination
- Pharmacist counseling

Accredo
By EVERNORTH

1-877-831-8112

Mon-Fri, 8 AM-8 PM ET
Pharmacist support is available 24/7

Accredo Specialty Pharmacy provides benefits verification, prior authorization and financial assistance support, shipment coordination, medication fulfillment, and pharmacist counseling.

Important Safety Information

Scan the QR code to download helpful resources or visit OXERVATEhcp.com/resources

INDICATION

OXERVATE® (cenegermin-bkbj) ophthalmic solution 0.002% (20 mcg/mL) is indicated for the treatment of neurotrophic keratitis.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Use with Contact Lens

Contact lenses should be removed before applying OXERVATE because the presence of a contact lens (either therapeutic or corrective) could theoretically limit the distribution of cenegermin-bkbj onto the area of the corneal lesion. Lenses may be reinserted 15 minutes after administration.

Eye Discomfort

OXERVATE may cause mild to moderate eye discomfort such as eye pain during treatment. The patient should be advised to contact their doctor if a more serious eye reaction occurs.

ADVERSE REACTIONS

In clinical trials, the most common adverse reaction was eye pain following instillation which was reported in approximately 16% of patients. Eye pain may arise as corneal healing occurs. Other adverse reactions occurring in 1% to 10% of OXERVATE patients included corneal deposits, foreign body sensation, ocular hyperemia, ocular inflammation, photophobia, tearing, and headache.

USE IN SPECIFIC POPULATIONS

Pregnancy

There are no data from the use of OXERVATE in pregnant women to inform any drug associated risks.

Lactation

The developmental and health benefits of breastfeeding should be considered, along with the mother's clinical need for OXERVATE, and any potential adverse effects on the breastfed infant from OXERVATE.

Pediatric Use

The safety and effectiveness of OXERVATE have been established in the pediatric population. Use of OXERVATE in pediatric patients 2 years of age and older is supported by evidence from adequate and well-controlled trials of OXERVATE in adults with additional safety data in children.

DOSAGE AND ADMINISTRATION

Instill one drop of OXERVATE in the affected eye(s), 6 times a day at 2-hour intervals for eight weeks.

To report ADVERSE REACTIONS, contact Dompé U.S. Inc. at 1-833-366-7387 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see full Prescribing Information for OXERVATE at OXERVATEhcp.com.

oxervate®
(cenegermin-bkbj) ophthalmic solution 0.002% (20 mcg/mL)

How to prescribe OXERVATE®

1. 
Prescribe OXERVATE via E-prescription or faxed enrollment form

2. 
Receive benefits verification results

3. 
Receive prior authorization submission details

4. 
Submit prior authorization

5. 
If denied, the office may be able to resubmit the prior authorization or submit an appeal

6. 

Upon approval, Accredo Specialty Pharmacy will contact the patient to discuss financial assistance options and coordinate delivery

Please see the Important Safety Information on page 7 and find the full Prescribing Information at OXERVATEhcp.com.

Dompé