OXERVATE® PRIOR AUTHORIZATION CHECKLIST

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

A prior authorization (PA) may be required before your patient starts OXERVATE. This checklist provides information on the most common health plan requirements for PA, but always review the patient's specific health plan for guidance.

01 PATIENT AND PRESCRIBER INFORMATION

- ☐ Patient name
- ☐ Date of birth
- ☐ Patient contact information
- ☐ Insurance name and member ID
- ☐ Prescriber name
- ☐ NPI
- ☐ Specialty
- ☐ Office address
- ☐ Office phone and fax
- ☐ Office contact person
- ☐ Prescriber signature, if required

02 CLINICAL FINDINGS

- ☐ Corneal sensitivity test result
- ☐ Relevant exam findings and clinical notes

03 DIAGNOSIS: NEUROTROPHIC KERATITIS

- ☐ ICD-10 code(s):
- ☐ Date of diagnosis

	Neurotrophic keratoconjunctivitis	Secondary diagnosis codes, if applicable
Right eye	**H16.231**	
Left eye	**H16.232**	
Bilateral	**H16.233**	

04 DISEASE STAGE

- ☐ Stage 1
- ☐ Stage 2
- ☐ Stage 3

05 PRIOR TREATMENT HISTORY (IF APPLICABLE)

Plans may ask for previous treatment history before approving OXERVATE.

- ☐ One or more prior failed treatments (eg, artificial tears, ointment, bandage contact lens)

06 OXERVATE TREATMENT DETAILS

- ☐ Medication: OXERVATE
- ☐ Initial therapy or continuation/ retreatment indicated
- ☐ Dosing, quantity, day supply

Note: Some plans require that OXERVATE is written by a specialist or in consult with a specialist (eg, ophthalmologist).

Dosing: 1 drop in the affected eye(s), 6 times daily at 2-hour intervals for 8 weeks

	Quantity	Day supply
Unilateral treatment	56 mL	56 days
Bilateral treatment	112 mL	56 days

Please see the Important Safety Information on page 2 and find the full Prescribing Information at OXERVATEhcp.com.

Common reasons for PA denial

PA requests may be delayed or denied for administrative or clinical reasons, including

- Missing or inaccurate patient, prescriber, or insurance information
- Incorrect or incomplete ICD-10 codes
- Missing documentation of diagnosis
- Missing disease stage, when required by the plan
- Missing treatment history or prior therapy documentation
- Missing or mismatched affected eye information

If a PA is denied

Some denials may be resolved simply by updating and resubmitting the PA. In other cases, an appeal may be necessary. Patients may be required to initiate the appeal or provide consent for the appeal. Read the denial letter for specifics. These may include

- Requesting a peer-to-peer review
- Submitting an appeal letter
- Submitting a letter of medical necessity
- Providing additional clinical documentation, images, and/or chart notes

If a patient's appeal is denied, a Patient Assistance Program is available and Accredo Specialty Pharmacy can help them explore their options.

Need further support?

For questions about completing or submitting a PA for OXERVATE®, contact the organization you sent the prescription to:

Dompé | CONNECT to Care

Call: 1-877-422-4412
Mon–Fri, 8 AM–8 PM ET

OR

Accredo
By EVERNORTH

Call: 1-877-831-8112
Mon–Fri, 8 AM–8 PM ET

Useful resources
Scan or click the QR code to find numerous helpful resources, including

- Letter of Medical Necessity
- Appeal Letter Guide
- Access & Fulfillment Guide

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.

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