



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service
Prior Authorization Criteria

OFEV® (Nintedanib)
Effective 03/05/2018

[Prior Authorization Request Form](#)

OFEV is a kinase inhibitor indicated for the treatment of idiopathic pulmonary fibrosis (IPF).

Criteria for Approval

- 1) Diagnosis of idiopathic pulmonary fibrosis (IPF); **AND**
- 2) Must be prescribed by or in conjunction with a pulmonologist; **AND**
- 3) Patient must be eighteen (18) years of age or older; **AND**
- 4) Patient must be enrolled in a smoking cessation program (or must indicate that they do not smoke); **AND**
- 5) Liver function tests (ALT, AST, and bilirubin) should be conducted prior to the initiation of therapy (documentation required), at regular intervals for the first three (3) months and periodically thereafter. Initial lab results must be submitted with prior authorization request; **AND**
- 6) Patient must not be pregnant.

Note:

- Patient will be denied coverage if they have previously been treated with Ofev and experienced greater than five (5) times the upper normal limit of ALT and/or AST.

References

- 1) Ofev package insert 1/2018
- 2) Lexi-Comp Clinical Application 2/16/2018