



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date:	October 21, 2015

## **OFEV®**

**LENGTH OF AUTHORIZATION:** Up to 6 months

**CLINICAL NOTES:** Ofev is a kinase inhibitor indicated for the treatment of idiopathic pulmonary fibrosis.

**REVIEW CRITERIA:**

- Patient must be  $\geq$  18 years old
- Must be prescribed or in consultation with a pulmonologist **AND**
- Confirmation of idiopathic pulmonary fibrosis through exclusions of other known causes of interstitial lung disease: domestic and occupational environmental exposures, drug toxicity or connective tissue disease **AND**
- Documentation submitted that the patient is a nonsmoker or has been abstinent for at least six weeks **AND**
- Confirmation of diagnosis via lung biopsy **OR** high resolution computed tomography **AND**
- Documented pulmonary function tests within the past 60 days reflecting Forced Vital Capacity(FVC)  $\geq$  50% **AND**
- Baseline percent predicted diffusing capacity of the lung for carbon monoxide is  $\geq$  30% **AND**
- Patient must obtain a liver function test prior to starting treatment

**CONTINUATION OF THERAPY:**

- Documentation of improvement or effectiveness of therapy (<200ml decrease in FVC or <10% decline in percent predicted FVC)
- Clinical documentation that the recipient is tobacco free

**DOSING & ADMINISTRATION:**

150mg by mouth twice daily 12 hours apart with food. Swallow whole with liquid.