

nintedanib (OFEV)

Diagnosis Considered for Coverage:

- Idiopathic pulmonary fibrosis (IPF)
- Systemic sclerosis-associated interstitial lung disease (SSc-ILD)
- Chronic fibrosing interstitial lung disease (ILD) with a progressive phenotype

Coverage Criteria:

For idiopathic pulmonary fibrosis:

Initial Treatment
<ul style="list-style-type: none"> • Being prescribed by or in consultation with a pulmonologist, and • Not being used in combination with Esbriet, and • Dose does not exceed 300 mg per day, and • Patient has the following pulmonary function tests: <ul style="list-style-type: none"> • Forced Vital Capacity (FVC) \geq 50% of predicted value, and • Diffusing Capacity of carbon monoxide (DL_{CO}) \geq 30% of predicted value. <p><u>Coverage Duration:</u> 1 year</p>
Reauthorization
<ul style="list-style-type: none"> • Being prescribed by or in consultation with a pulmonologist, and • Patient has not received lung transplant, and • Not being used in combination with Esbriet, and • Dose does not exceed 300 mg per day. <p><u>Coverage Duration:</u> 1 year</p>

For diagnosis of interstitial lung disease (ILD):

- Dose does not exceed 300 mg per day, **and**
- One of the following (A or B):
 - A. Patient has **systemic sclerosis**, **and**
 - Being prescribed by or in consultation with a pulmonologist or rheumatologist, **and**
 - Inadequate response, intolerable side effect, or contraindication with cyclophosphamide or mycophenolate
 - B. Patient has **chronic progressive fibrosis**, **and**

- Being prescribed by or in consultation with a pulmonologist.

Coverage Duration: 1 year

Effective Date: 5/31/2023