

Prescriber Criteria Form
Ofev 2026 PA Fax 1216-A v1 010126.docx
Ofev (nintedanib)
Coverage Determination

This fax machine is located in a secure location as required by HIPAA regulations.
Complete/review information, sign and date. Fax signed forms to CVS Caremark at **1-855-633-7673**. Please
contact CVS Caremark at **1-866-785-5714** with questions regarding the prior authorization process. When
conditions are met, we will authorize the coverage of Ofev (nintedanib).

Drug Name:
Ofev (nintedanib)

Patient Name:

Patient ID:

Patient DOB:

Patient Phone:

Prescriber Name:

Prescriber Address:

City:

State:

Zip:

Prescriber Phone:

Prescriber Fax:

Diagnosis:

ICD Code(s):

Please circle the appropriate answer for each question.

1	Does the patient have a diagnosis of systemic sclerosis-associated interstitial lung disease? [If no, then skip to question 3.]	Yes	No
2	Was the diagnosis confirmed by a high-resolution computed tomography (HRCT) study of the chest? [No further questions.]	Yes	No
3	Does the patient have a diagnosis of a chronic fibrosing interstitial lung disease with a progressive phenotype? [If no, then skip to question 5.]	Yes	No
4	Does the patient have confirmed progressive disease (e.g., forced vital capacity [FVC] decline, worsening respiratory symptoms, increased extent of fibrosis on high resolution computed tomography [HRCT])? [No further questions.]	Yes	No
5	Does the patient have a diagnosis of idiopathic pulmonary fibrosis? [If no, then no further questions.]	Yes	No
6	Is the patient currently receiving the requested drug? [If yes, then no further questions.]	Yes	No

7	Have other causes of pulmonary fibrosis been excluded? [If no, then no further questions.]	Yes	No
8	Has the patient undergone a high-resolution computed tomography (HRCT) study of the chest or a lung biopsy which shows the usual interstitial pneumonia (UIP) pattern? [If yes, then no further questions.]	Yes	No
9	Has the patient undergone a high-resolution computed tomography (HRCT) study of the chest which shows a result other than the usual interstitial pneumonia (UIP) pattern (e.g., probable UIP, indeterminate for UIP)? [If no, then no further questions.]	Yes	No
10	Has the diagnosis of idiopathic pulmonary fibrosis been supported by a lung biopsy? [If yes, then no further questions.]	Yes	No
11	Has the diagnosis of idiopathic pulmonary fibrosis been supported by a multidisciplinary discussion between at least a pulmonologist and a radiologist who are experienced in idiopathic pulmonary fibrosis?	Yes	No

Comments:	

By signing this form, I attest that the information provided is accurate and true as of this date and that the documentation supporting this information is available for review if requested by the health plan.	
Prescriber (or Authorized) Signature: _____ Date: _____	