



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Ofev™ (nintedanib)

Review Criteria

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- Member must have a diagnosis of idiopathic pulmonary fibrosis (IPF), chronic fibrosing interstitial lung diseases with a progressive phenotype (ILD) or systemic sclerosis-associated interstitial lung disease
- Member must be a non-smoker or has quit smoking
- Must be prescribed by or in consultation with a pulmonologist
- Initial authorization granted for 6 months

Renewal Criteria:

- Provider must submit update that member is benefitting and has remained non-smoking
- Subsequent authorizations granted for one year

Limitations:

- Maximum daily dose of 2.0 capsules daily