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Section:	Prescription Drugs	**Effective Date:**	January 1, 2025
Subsection:	Respiratory Agents	**Original Policy Date:**	November 7, 2014
Subject:	Ofev	**Page:**	1 of 7

Last Review Date: December 13, 2024

Ofev

Description

Ofev (nintedanib)

Background
Idiopathic pulmonary fibrosis is a progressive condition in which the lungs develop abnormal tissue changes (fibrosis) over time. As a result, patients with IPF experience shortness of breath, and worsening lung function (1).

Ofev (nintedanib) is a kinase inhibitor that blocks multiple pathways that may be involved in the development of fibrotic lung tissue. It targets various growth factor receptors that affect the fibroblast cells thought to be responsible for disease progression (2).

Regulatory Status
FDA-approved indications: Ofev is a kinase inhibitor indicated for: (2)

- Treatment of idiopathic pulmonary fibrosis (IPF)
- Treatment of chronic fibrosing interstitial lung diseases (ILDs) with a progressive phenotype
- Slowing the rate of decline in pulmonary function in patients with systemic sclerosis-associated interstitial lung disease (SSc-ILD)

Ofev carries warnings for hepatic impairment, elevated liver enzymes and drug-induced liver injury, gastrointestinal disorders, embryo-fetal toxicity, arterial thromboembolic events, bleeding events, and gastrointestinal perforation. Smoking causes decreased exposure to Ofev, which may alter the efficacy profile of Ofev. Patients should be advised to stop smoking prior to treatment with Ofev and to avoid smoking when using Ofev (2).

Ofev is not recommended for patients who have moderate to severe liver problems. The safety and efficacy of Ofev have not been studied in patients with severe renal impairment and end-stage renal disease. Ofev can cause birth defects or death to an unborn baby. Women should not become pregnant while taking Ofev. Women who are able to get pregnant should use adequate contraception during and for at least three months after the last dose of Ofev. Liver function tests in all patients and a pregnancy test in females of reproductive potential should be conducted prior to initiating treatment with Ofev (2).

Eligible patients for clinical studies were to have percent forced vital capacity (%FVC) greater than or equal to 50% at baseline and a percent predicted diffusing capacity of the lungs for carbon monoxide ($\%DL_{CO}$) greater than or equal to 30%. The primary endpoint was the annual rate of decline in forced vital capacity (FVC) from baseline to study end (2).

Ofev is a substrate of P-glycoprotein (P-gp) and, to a minor extent, CYP3A4. A drug interaction assessment should be performed before the start of Ofev therapy (2).

Safety and effectiveness of Ofev in pediatric patients have not been established (2).

Related policies
Esbriet

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Ofev may be considered **medically necessary** if the conditions indicated below are met.

Ofev may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Idiopathic pulmonary fibrosis (IPF)

AND ALL of the following:

1. Idiopathic (i.e., no identifiable cause for pulmonary fibrosis) diagnosis confirmed by **ALL** of the following:
    a. Physical exam
    b. Pulmonary Function Tests
        i. FVC ≤ 90% of predicted OR DL_{CO} ≤ 90% of predicted
        ii. Pre-bronchodilator FEV_1/FVC ratio ≥ 70%
    c. CT with classic findings of usual interstitial pneumonitis (UIP)
2. Prescribed by or recommended by a pulmonologist
3. **NO** concurrent therapy with another Prior Authorization (PA) medication for idiopathic pulmonary fibrosis (see Appendix 1)
4. Drug interaction assessment has been performed by the physician
5. **NO** known cause of the interstitial lung disease / fibrosis
6. Patient has had baseline liver function tests performed

Age 18 years of age or older

Diagnosis

Patient must have the following:

Systemic sclerosis-associated interstitial lung disease (ILD)

AND ALL of the following:

1. %FVC ≥40% of predicted
2. %DLCO 30-89% of predicted
3. Prescribed by or recommended by a pulmonologist or rheumatologist
4. Drug interaction assessment has been performed by the physician
5. Patient has had baseline liver function tests performed

Age 18 years of age or older

Diagnosis

Patient must have the following:

Chronic fibrosing interstitial lung disease (ILD)

AND ALL of the following:

1. Patient has a progressive phenotype
2. %FVC ≥45% of predicted
3. %DL_{CO} 30-79% of predicted
4. Prescribed by or recommended by a pulmonologist
5. Drug interaction assessment has been performed by the physician
6. Patient has had baseline liver function tests performed

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Idiopathic pulmonary fibrosis (IPF)
    a. **NO** concurrent therapy with another Prior Authorization (PA) medication for idiopathic pulmonary fibrosis (see Appendix 1)
2. Systemic sclerosis-associated interstitial lung disease (SSc-ILD)
3. Chronic fibrosing interstitial lung disease (ILD)

AND ALL of the following:

a. Assessment by the healthcare professional that the medication is helping the patient by meeting at least **ONE** of the following criteria (while taking this medication):
    i. Slowed the rate of decline of lung function
    ii. Improved (or no decline in) symptoms of cough or shortness of breath
    iii. Improved sense of well-being
b. Drug interaction assessment has been performed by the physician

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Duration 6 months

Prior – Approval *Renewal* Limits

Duration 12 months

Rationale

Summary

Ofev (nintedanib) is a kinase inhibitor indicated for idiopathic pulmonary fibrosis (IPF) and interstitial lung disease (ILD). Ofev carries warnings for hepatic impairment, elevated liver enzymes and drug-induced liver injury, gastrointestinal disorders, embryo-fetal toxicity, arterial thromboembolic events, bleeding events, and gastrointestinal perforation. Safety and effectiveness of Ofev in pediatric patients have not been established (2).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Ofev while maintaining optimal therapeutic outcomes.

References

1. U.S. National Library of Medicine. (August 2020). Idiopathic pulmonary fibrosis: MedlinePlus Genetics. MedlinePlus. https://medlineplus.gov/genetics/condition/idiopathic-pulmonary-fibrosis/. Accessed on July 15, 2024.
2. Ofev [package insert]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc.; June 2024.

Policy History

Date	Action
November 2014	Addition to PA
December 2014	Annual editorial review and reference update Removal of baseline reading of percent forced vital capacity (%FVC) greater than or equal to 50% per PMPC
March 2015	Annual editorial review and reference update

April 2015	Addition of Idiopathic diagnosis confirmed by the following: CT, Pulmonary Function Test, and Physical exam; no known cause of the interstitial lung disease / fibrosis; also drug interaction assessment has been performed; must be prescribed by a pulmonologist; assessment by the healthcare professional that the medication is helping the patient by meeting at least **ONE** of the following criteria (while taking this medication): slowed the rate of decline of lung function, improved (or no decline in) symptoms of cough or shortness of breath, improved sense of well-being. Removal of predicted diffusing capacity for carbon monoxide (%DL_{CO}) greater than or equal to 30% per SME
June 2015	Annual editorial review and reference update
February 2016	Change of the FVC from 80% to 82%
March 2016	Annual review Policy number changed from 5.13.05 to 5.45.05
September 2016	Annual editorial review and reference update. Addition of age to renewal
March 2017	Annual editorial review and reference update
March 2019	Annual review and reference update
September 2019	Addition of indication: SSc-ILD. Addition of baseline liver function tests requirement
November 2019	Revised requirement for SSc-ILD to “prescribed or recommended by a pulmonologist or rheumatologist”
December 2019	Annual review
March 2020	Annual review. Addition of indication: chronic fibrosing ILD and changed IPF wording to “prescribed by or recommended by a pulmonologist”
June 2021	Revised requirement to “no concurrent therapy with another PA medication for IPF” and added Appendix 1
September 2021	Annual review and reference update
September 2022	Annual review and reference update
September 2023	Annual review and reference update
December 2023	Annual review and reference update. Per SME, added smoking warning to regulatory status section
September 2024	Annual review and reference update
December 2024	Annual review. Per SME, adjusted pulmonary function tests for initiation to FVC≤90% or DLCO≤90% and pre-bronchodilator FEV1/FVC ratio ≥70%

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on December 13, 2024 and is effective on January 1, 2025.

Appendix 1 - List of PA Medications for IPF

Generic Name	Brand Name
nintedanib	Ofev
pirfenidone	Esbriet