**PRIOR AUTHORIZATION POLICY**

**POLICY:**  Idiopathic Pulmonary Fibrosis – Ofev® (nintedanib capsules – Boehringer Ingelheim)

**TAC APPROVAL DATE:**  12/12/2018

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**OVERVIEW**

Ofev, a kinase inhibitor, is indicated for the treatment of idiopathic pulmonary fibrosis (IPF). The recommended dose of Ofev is 150 mg twice daily (BID) with food given approximately 12 hours apart. Liver function tests should be performed prior to Ofev initiation. Dose modifications are recommended for adverse events (AEs) such as liver enzyme elevations. The most common AEs with Ofev are diarrhea (62%), nausea (24%), abdominal pain (15%), liver enzyme elevation (14%), vomiting (12%), decreased appetite (11%), decreased weight (10%), headache (8%), and hypertension (5%). AEs leading to permanent dose reductions occurred in 16% of Ofev-treated patients. Ofev discontinuation due to AEs occurred in 21% of patients.

The clinical efficacy of Ofev has been studied in 1,231 patients with IPF in one Phase II study and two Phase III studies that were identical in design. The trials were randomized, double-blind, placebo-controlled studies comparing treatment with Ofev 150 mg BID with placebo for 52 weeks. For all three studies, a statistically significant reduction in the annual rate of decline of forced vital capacity (FVC) was observed in patients receiving Ofev compared with patients receiving placebo. Also, data shows that the proportion of patients that demonstrated categorical declines in lung function was lower for patients given Ofev compared with placebo. Acute IPF exacerbations were also reduced.

**POLICY STATEMENT**

Prior authorization is recommended for prescription benefit coverage of Ofev. Because of the specialized skills required for evaluation and diagnosis of patients treated with Ofev, initial approval requires Ofev to be prescribed by, or in consultation with, a physician who specializes in the condition being treated. All approvals are provided for 3 years in duration unless otherwise noted below.

**Automation:** None.

**RECOMMENDED AUTHORIZATION CRITERIA**

Coverage of Ofev is recommended in those who meet the following criteria:

**FDA-Approved Indications**

1. **Idiopathic Pulmonary Fibrosis (IPF).** Approve if the patient meets the following criteria (A, B, C, and D).
   A) The patient is aged ≥ 40 years; AND
   B) The agent has been prescribed by, or in consultation with, a pulmonologist; AND
   C) At baseline (before therapy initiation), patients have an FVC ≥ 50% of the predicted value; AND
   D) The diagnosis of IPF is confirmed by one of the following (i or ii):

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i. Findings on high-resolution computed tomography (HRCT) indicates usual interstitial pneumonia (UIP); OR

ii. A surgical lung biopsy demonstrates usual interstitial pneumonia (UIP).

Ofev is indicated for the treatment of IPF.1 Patients included in the trial were aged ≥ 40 years and the disease mainly impacts older adults.1,4 The safety and efficacy of Ofev have not been established in pediatric patients.1 For inclusion in the pivotal studies patients were required to have an FVC ≥ 50% of the predicted value, indicating mild to moderate disease severity. It is uncertain if patients with lower percent predicted FVC values, indicating more severe disease, would benefit from Ofev therapy.1,4 In 2015, the clinical practice guideline from the American Thoracic Society (ATS), European Respiratory Society (ERS), the Japanese Respiratory Society (JRS), and Latin American Thoracic Association (ALAT) on the treatment of idiopathic pulmonary fibrosis were updated.4 Regarding Ofev, the guideline suggests use of this medication (conditional recommendation, moderate confidence in estimates of effect). The guideline notes that the data with Ofev focuses on patients with IPF who have mild to moderate impairment in pulmonary function tests. It is not known if the benefits would differ among patients with more severe impairment in pulmonary function testing or in patients who have other comorbidities.4 The 2011 guideline for the diagnosis and management of IPF from ATS/ERS/JRS/ALAT notes that the accuracy of the diagnosis of IPF increases with multidisciplinary interactions between pulmonologists, radiologists, and pathologists experienced in the diagnosis of interstitial lung disease (ILD).5 The guidelines also state that the diagnosis of IPF requires exclusion of other known causes of ILD; the presence of a usual interstitial pneumonia pattern on HRCT in patients not subjected to surgical lung biopsy; and specific combinations of HRCT and surgical lung biopsy pattern in patients subjected to surgical lung biopsy.5

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Ofev has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. Rationale for non-coverage for these specific conditions is provided below. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval.)

1. **Ofev is Being Used Concomitantly with Esbriet® (pirfenidone capsules).** Esbriet is another medication indicated for IPF.6 The effectiveness and safety of concomitant use of Ofev with Esbriet have not been established. The 2015 ATS/ERS/JRS, ALAT clinical practice guideline regarding the treatment of idiopathic pulmonary fibrosis (an update of the 2011 clinical practice guidelines) do not recommend taking Ofev and Esbriet in combination.9 A small exploratory study was done in which patients with IPF receiving Ofev added-on Esbriet.7 Further research is needed to determine the utility of this combination regimen.

2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES


**OTHER REFERENCES UTILIZED**


**HISTORY**

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TAC – Therapeutic Assessment Committee,