

**Ofev
Prior Authorization Request**

Send completed form to: Case Review Unit, CVS Caremark Prior Authorization Fax: 1-866-249-6155

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-866-249-6155.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-866-814-5506**. For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

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Patient's Name: _____ **Date:** _____
Patient's ID: _____ **Patient's Date of Birth:** _____
Physician's Name: _____ **NPI#:** _____
Specialty: _____ **Physician Office Fax:** _____
Physician Office Telephone: _____
Request Initiated For: _____

1. What is the patient's diagnosis?
 Idiopathic pulmonary fibrosis Other _____
2. What is the ICD-10 code? _____
3. Will Ofev be used in combination with Esbriet (pirfenidone)? Yes No
4. Is this request for continuation of therapy with Ofev? Yes No *If No, skip to #6*
5. Is the patient currently receiving Ofev through samples or a manufacturer's patient assistance program?
 Yes No *If No, no further questions*
6. Does the patient have a known etiology for interstitial lung disease (e.g., sarcoidosis, scleroderma, polymyositis/dermatomyositis, systemic lupus erythematosus, bronchiolitis obliterans organizing pneumonia, drug toxicity)? Yes No
7. Has the patient undergone a high-resolution computed tomography (HRCT) study of the chest or a surgical lung biopsy?
 Yes, high-resolution computed tomography (HRCT) study Yes, surgical lung biopsy No
8. Please indicate what the HRCT scan or biopsy report demonstrates:
 Usual interstitial pneumonia (UIP) pattern, *no further questions* Inconsistent with UIP pattern
 Possible UIP pattern Other _____
9. *If the patient had an HRCT study*, has the diagnosis of idiopathic pulmonary fibrosis been supported by a surgical lung biopsy? *If Yes, no further questions* Yes No
10. 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

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I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.

X _____
Prescriber or Authorized Signature Date (mm/dd/yy)