CVS caremark™ {{PANUMCODE}}

Ofev

Prior Authorization Request

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: {{MEMFIRST}} {{MEMLAST}} **Date**: {{TODAY}}
Patient's ID {{MEMBERID}} **Patient's Date of Birth:** {{MEMBERDOB}}
Physician's Name: {{PHYFIRST}} {{PHYLAST}}
Specialty: _____, **NPI#:** _____
Physician Office Telephone: {{PHYSICIANPHONE}} **Physician Office Fax:** {{PHYSICIANFAX}}
Request Initiated For: {{DRUGNAME}}

1. What is the diagnosis?
   - ❑ Idiopathic pulmonary fibrosis
   - ❑ Systemic sclerosis-associated interstitial lung disease (SSc-ILD)
   - ❑ Other chronic fibrosing interstitial lung disease
   - ❑ Other _____
2. What is the ICD-10 code? _____
3. Is this request for continuation of therapy with Ofev? ❑ Yes ❑ No *If No, skip to #5*
4. Is the patient currently receiving Ofev through samples or a manufacturer's patient assistance program?
   ❑ Yes ❑ No ❑ Unknown *If No, no further questions*
5. Has the patient undergone a high-resolution computed tomography (HRCT) study of the chest?
   ACTION REQUIRED: If Yes, attach the radiology report. ❑ Yes ❑ No

Complete the following section based on the patient's diagnosis, if applicable.

Section A: Idiopathic Pulmonary Fibrosis

6. Have other known causes of interstitial lung disease (e.g., domestic and occupational environmental exposures, connective tissue disease, drug toxicity) been excluded? ❑ Yes ❑ No *If No, skip to Section C.*
7. *If patient has undergone HRCT,* please indicate what the HRCT scan or biopsy report demonstrates.
   - ❑ Usual interstitial pneumonia (UIP) pattern, *no further questions*
   - ❑ Other (e.g., probable UIP, indeterminate for UIP)
   - ❑ Not applicable, patient did not undergo HRCT, *skip to #10*
8. Has the diagnosis of idiopathic pulmonary fibrosis been supported by a lung biopsy?
   ACTION REQUIRED: If Yes, attach the pathology report and no further questions. ❑ Yes ❑ No
9. 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?
   If Yes, no further questions ❑ Yes ❑ No *If No, skip to Section C.*

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10. Has the patient undergone a lung biopsy? ***ACTION REQUIRED: If Yes, attach the pathology report.***
    ❑ Yes ❑ No *If No, skip to Section C.*

11. Please indicate what the biopsy report demonstrates
    ❑ Usual interstitial pneumonia (UIP) pattern
    ❑ Other _____*, skip to Section C.*

Section B: Systemic Sclerosis-Associated Interstitial Lung Disease (SSc-ILD)

12. Did the high-resolution computed tomography (HRCT) study of the chest show fibrosis affecting at least 10 percent of the patient's lungs? ❑ Yes ❑ No

Section C: Chronic Fibrosing Interstitial Lung Disease

13. Did the high-resolution computed tomography (HRCT) study of the chest show fibrosis affecting at least 10 percent of the patient's lungs? ❑ Yes ❑ No

14. Does the patient have progressive disease (e.g., forced vital capacity [FVC] decline greater than or equal to 10% of the predicted value, worsening respiratory symptoms, increased extent of fibrosis on high-resolution computed tomography [HRCT])? ❑ Yes ❑ No

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)**

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