Reference number(s)
7235-A

Specialty Guideline Management
Jascayd

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Jascayd	nerandomilast

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-approved Indications[1]

Jascayd is indicated for:

- The treatment of idiopathic pulmonary fibrosis (IPF) in adult patients.
- The treatment of progressive pulmonary fibrosis (PPF) in adult patients.

All other indications are considered experimental/investigational and not medically necessary.

Documentation

Submission of the following information is necessary to initiate the prior authorization review (where applicable):

Idiopathic Pulmonary Fibrosis (IPF)

- Chart notes or medical record documentation of result of a chest high-resolution computed tomography (HRCT) study.
- Chart notes or medical record documentation of pathology report of lung biopsy (if performed).
- Chart notes or medical record documentation of pathology report of transbronchial lung cryobiopsy (if performed).

Progressive Pulmonary Fibrosis (PPF)

- Chart notes or medical record documentation of result of a chest high-resolution computed tomography (HRCT) study.
- Chart notes or medical record documentation of 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 HRCT).

Prescriber Specialties

This medication must be prescribed by or in consultation with one of the following:

- Idiopathic pulmonary fibrosis (IPF): a pulmonologist or a specialist in the treatment of idiopathic pulmonary fibrosis.
- Progressive pulmonary fibrosis (PPF): a pulmonologist or a specialist in the treatment of progressive pulmonary fibrosis.

Coverage Criteria

Idiopathic Pulmonary Fibrosis (IPF)[1-3]

Authorization of 12 months may be granted for treatment of idiopathic pulmonary fibrosis when the member has undergone a diagnostic work-up which includes both of the following:

- Other known causes of interstitial lung disease (e.g., domestic and occupational environmental exposures, connective tissue disease, drug toxicity) have been excluded.
- The member meets either of the following:
    - Member has completed a high-resolution computed tomography (HRCT) study of the chest, transbronchial lung cryobiopsy (TBLC), or a lung biopsy which reveals a result consistent with the usual interstitial pneumonia (UIP) or probable UIP pattern and the diagnosis is

supported by a multidisciplinary discussion between a radiologist and pulmonologist who are experienced in IPF.

- Member has completed an HRCT study of the chest which reveals a result other than the UIP or probable UIP pattern (e.g., indeterminate for UIP) and meets both of the following:
  - The member had a lung biopsy or a TBLC with pathology confirming UIP or probable UIP.
  - The diagnosis is supported by a multidisciplinary discussion between a radiologist and pulmonologist who are experienced in IPF.

Progressive Pulmonary Fibrosis (PPF)[1,2,4]

Authorization of 12 months may be granted for treatment of progressive pulmonary fibrosis when the member meets both of the following:

- The member has completed a high-resolution computed tomography (HRCT) study of the chest that shows fibrosis affecting at least 10 percent of the lungs.
- The member has progressive disease (e.g., forced vital capacity [FVC] decline greater than or equal to 10 percent of the predicted value, worsening respiratory symptoms, increased extent of fibrosis on HRCT).

Continuation of Therapy

All members (including new members) requesting authorization for continuation of therapy for an indication listed in the coverage criteria section may be granted an authorization of 12 months when the member is currently receiving treatment with the requested medication.

Other

Note: If the member is a current smoker, they should be counseled on the harmful effects of smoking on pulmonary conditions and available smoking cessation options.

References

1. Jascayd [package insert]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc. December 2025.
2. Raghu G, Remy-Jardin M, Richeldi L, et al. Idiopathic pulmonary fibrosis (an update) and progressive pulmonary fibrosis in adults: An official ATS/ERS/JRS/ALAT clinical practice guideline. Am J Respir Crit Care Med. 2022;205(9):e18-e47.

3. Korevaar DA, Colella S, Fally M et al. European Respiratory Society guidelines on transbronchial lung cryobiopsy in the diagnosis of interstitial lung diseases. Eur Respir J. 2022; 60: 1-17.
4. Maher TM, Assassi S, Azuma A et al. Nerandomilast in patients with progressive pulmonary fibrosis. N Engl J Med. 2025; 392 (22): 2203-2214.