

ESBRIET/ PIRFENIDONE
(pirfenidone)

Pre - PA Allowance
None

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. $FVC \leq 90\%$ of predicted **OR** $DL_{CO} \leq 90\%$ of predicted
 - ii. Pre-bronchodilator FEV_1/FVC ratio $\geq 70\%$
 - c. CT with classic findings of usual interstitial pneumonitis (UIP)
2. Must be prescribed by a pulmonologist
3. **NO** concurrently 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

Prior - Approval Limits

Duration 6 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis



**ESBRIET/ PIRFENIDONE
(pirfenidone)**

Patient must have the following:

Idiopathic pulmonary fibrosis (IPF)

AND ALL of the following:

1. 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):
 - a. Slowed the rate of decline of lung function
 - b. Improved (or no decline in) symptoms of cough or shortness of breath
 - c. Improved sense of well-being
2. **NO** concurrently therapy with another Prior Authorization (PA) medication for idiopathic pulmonary fibrosis (see Appendix 1)
3. Drug interaction assessment has been performed by the physician

Prior - Approval *Renewal* Limits

Duration 12 months

Appendix 1 - List of PA Medications for IPF

Generic Name	Brand Name
nintedanib	Ofev
pirfenidone	Esbriet