BlueCross BlueShield
Federal Employee Program
Blue Cross Blue Shield Association
750 9th St NW, Suite 900
Washington, D.C. 20001
1-800-624-5060
Fax 1-877-378-4727

5.45.019

Section:	Prescription Drugs	**Effective Date:**	April 1, 2026
Subsection:	Respiratory Agents	**Original Policy Date:**	October 24, 2025
Subject:	Jascayd	**Page:**	1 of 5

Last Review Date: March 6, 2026

Jascayd

Description

Jascayd (nerandomilast)

Background
Jascayd (nerandomilast) is a phosphodiesterase 4 (PDE4) inhibitor with at least nine-fold preferential inhibition of the PDE4B isoenzyme over PDE4A, PDE4C, and PDE4D based on in vitro data. PDE4 hydrolyzes and inactivates cyclic adenosine monophosphate (cAMP). Jascayd exerts both anti-fibrotic and immunomodulatory effects as PDE4B inhibition elevates intracellular cAMP levels and reduces expression of pro-fibrotic growth factors and inflammatory cytokines, which are overexpressed in idiopathic pulmonary fibrosis (IPF) and progressive pulmonary fibrosis (PPF) (1).

Regulatory Status
FDA-approved indications: Jascayd is a phosphodiesterase 4 (PDE4) inhibitor indicated for (1):

- The treatment of idiopathic pulmonary fibrosis in adult patients
- The treatment of progressive pulmonary fibrosis in adult patients

Jascayd is a CYP3A substrate. Concomitant use of Jascayd with a strong CYP3A inhibitor increases exposure to Jascayd, which may increase the risk of Jascayd adverse reactions. Concomitant use of Jascayd with moderate or strong CYP3A inducers is expected to decrease exposure of Jascayd, which may decrease efficacy (1).

Jascayd has not been investigated in patients with end stage renal disease (eGFR <15 mL/min/1.73m^2) or in patients with severe (Child-Pugh Class C) hepatic impairment. Use of Jascayd is not recommended in these populations (1).

The safety and effectiveness of Jascayd in pediatric patients less than the age of 18 years old have not been established (1).

Related policies
Esbriet, Ofev

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Jascayd may be considered **medically necessary** if the conditions indicated below are met.

Jascayd may be considered **investigational** for all other indications.

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 ≤ 90% of predicted OR %DLCO ≤ 90% of predicted
        ii. Pre-bronchodilator FEV_1/FVC ratio ≥ 70%
    c. High-resolution computed tomography (HRCT) with definite or probable findings of usual interstitial pneumonitis (UIP)
2. Prescribed by or recommended by a pulmonologist
3. Drug interaction assessment has been performed by the physician

4. **NO** known cause of the interstitial lung disease / fibrosis

Age 18 years of age or older

Diagnosis

Patient must have the following:

Progressive pulmonary fibrosis (PPF)

AND ALL of the following:

1. Presence of fibrotic lung disease with disease extent >10% on high-resolution computed tomography (HRCT)
2. %FVC ≥45% of predicted **OR** %DLCO ≥25% of predicted
3. Patient has clinical signs of progression defined as **TWO** of the following in the last 24 months:
    a. Worsening respiratory symptoms
    b. Absolute %FVC predicted decline ≥5% **OR** absolute %DLCO predicted (corrected for hemoglobin) decline ≥10%
    c. Radiologic progression based on HRCT (e.g., new ground-glass opacity with traction bronchiectasis, new fine reticulation, increased extent or coarseness of reticular abnormality, new or increased honeycombing, increased lobar volume loss)
4. Prescribed by or recommended by a pulmonologist
5. Drug interaction assessment has been performed by the physician

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have **ONE** of the following:

1. Idiopathic pulmonary fibrosis (IPF)
2. Progressive pulmonary fibrosis (PPF)

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. Drug interaction assessment has been performed by the physician

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Duration 6 months

Prior – Approval *Renewal* Limits

Duration 12 months

Rationale

Summary

Jascayd is a PDE4 inhibitor indicated for the treatment of idiopathic pulmonary fibrosis and progressive pulmonary fibrosis. Jascayd is a substrate of CYP3A which may lead to drug interactions with CYP3A inhibitors and inducers. The safety and effectiveness of Jascayd in pediatric patients less than the age of 18 years old have not been established (1).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Jascayd while maintaining optimal therapeutic outcomes.

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 May 1;205(9):e18-e47. doi: 10.1164/rccm.202202-0399ST. PMID: 35486072; PMCID: PMC9851481.

Policy History

Date	Action
October 2025	Addition to PA
March 2026	Annual review. Per SME, added warning regarding end stage renal disease and hepatic impairment to regulatory section. Also required HRCT to show definite or probable findings of UIP and removed dual PA medications for IPF. Added %FVC of predicted or %DLCO of predicted requirement, expand requirements of clinical signs of progression of PPF

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 6, 2026 and is effective on April 1, 2026.