

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. Prescribed by or recommended 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

Age 18 years of age or older

Diagnosis

Patient must have the following:

Systemic sclerosis-associated interstitial lung disease (ILD)

AND ALL of the following:

1. $\%FVC \geq 40\%$ of predicted
2. $\%DLCO$ 30-89% of predicted
3. Prescribed by or recommended by a pulmonologist or rheumatologist
4. Drug interaction assessment has been performed by the physician
5. Patient has had baseline liver function tests performed

Age 18 years of age or older

Diagnosis

Patient must have the following:

Chronic fibrosing interstitial lung disease (ILD)

AND ALL of the following:

1. Patient has a progressive phenotype
2. %FVC \geq 45% of predicted
3. %DLCO 30-79% of predicted
4. Prescribed by or recommended by a pulmonologist
5. Drug interaction assessment has been performed by the physician
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

Diagnoses

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

1. Idiopathic pulmonary fibrosis (IPF)
 - a. **NO** concurrently therapy with another Prior Authorization (PA) medication for idiopathic pulmonary fibrosis (see Appendix 1)
2. Systemic sclerosis-associated interstitial lung disease (SSc-ILD)
3. Chronic fibrosing interstitial lung disease (ILD)

AND ALL of the following:

- a. 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):
 - i. Slowed the rate of decline of lung function
 - ii. Improved (or no decline in) symptoms of cough or shortness of breath
 - iii. Improved sense of well-being

- b. 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