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BILLING CODE	Must use valid NDC
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home
STATUS	Prior Authorization Required

Esbriet is a pyridone oral antifibrotic drug approved by the FDA in 2014. Idiopathic pulmonary fibrosis (IPF) is an interstitial lung disease characterized by chronic, progressive scarring of the lungs and the pathological hallmark of usual interstitial pneumonia (UIP).

Esbriet (pirfenidone) will be considered for coverage when the following criteria are met:

Idiopathic Pulmonary Fibrosis (IPF)

For initial authorization:

1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with a pulmonologist; AND
3. Member has a diagnosis of IPF confirmed by high resolution computed tomography (HRCT) or lung biopsy (results must be submitted for review); AND
4. Documentation of member's baseline forced vital capacity (FVC) must be equal to or greater than 50% predicted; AND
5. Member does not have severe hepatic impairment (Child Pugh Class C); AND
6. Member is not a current smoker and provider attests the member will not smoke during treatment.
7. Dosage allowed/Quantity limit: Titrate as follows, to 801 mg three times per day (2403 mg/day total) (90 tablets per 30 days).

Treatment days	Dosage
Days 1 through 7	267 mg three times a day (801 mg/day) total
Days 8 through 14	534 mg three times a day (1602 mg/day) total
Days 15 through 21	801 mg three times a day (2403 mg/day) total

If all the above requirements are met, the medication will be approved for 6 months.

For reauthorization:

1. Member continues to abstain from smoking; AND
2. Chart notes must show improvement or stabilized signs and symptoms of disease demonstrated by reduced rate of FVC decline.

If all the above requirements are met, the medication will be approved for an additional 12 months.

