Effective Date: 12/01/2020 Last Reviewed: 9/2020 Scope: Medicaid

Esbriet (pirfenidone oral tablet)

POLICY

I. 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 Indication

Treatment of idiopathic pulmonary fibrosis (IPF)

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

A. Treatment of IPF

An authorization may be granted for 6 months when the following criteria are met:

- 1. Prescriber is a pulmonologist or being prescribed in consultation with a pulmonologist.
- 2. Member is at least 18 years of age.
- 3. Documented diagnosis of IPF by all of the following criteria:
 - a. Exclusion of other known causes of interstitial lung disease (e.g., domestic and occupational environmental exposures, connective tissue disease, and drug toxicity), as documented by the following:
 - i. ICD-10 Code J84.112 (Idiopathic pulmonary fibrosis); AND
 - b. One of the following:
 - i. In patients not subjected to surgical lung biopsy, the presence of a usual interstitial pneumonia (UIP) pattern on high-resolution computed tomography (HRCT) revealing IPF or probable IPF; OR
 - ii. In patients subjected to a lung biopsy, both HRCT and surgical lung biopsy pattern reveal IPF or probable IPF
- 4. Member is not concurrently taking in combination with Ofev (nintedanib).
- 5. Documentation of baseline liver function tests have been performed.

III. CRITERIA FOR CONTINUATION OF THERAPY

Authorization of 12 months may be granted when the member has documentation of a positive clinical response to the medication, is not being used in combination with Ofev (nintedanib), and is being prescribed by a pulmonologist or in consultation with a pulmonologist.

Neighborhood Health Plan

Effective Date: 12/01/2020 Last Reviewed: 9/2020 Scope: Medicaid

IV. QUANTITY LIMIT

Esbriet 267 mg 6 tabs a day Esbriet 801mg 3 tabs a day

V. REFERENCES

1. Esbriet (pirfenidone). South San Francisco, CA. FDA Package Insert. July 2019.

