

POLICY NAME	Esbriet (pirfenidone) and Ofev (nintedanib esylate)	POLICY #	2321P
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Criteria

Coverage Criteria for Idiopathic Pulmonary Fibrosis (IPF)

- ☐ Prescribed by a pulmonologist (lung doctor)
- ☐ Documented baseline liver function tests
- ☐ Age 18 years or older
- ☐ Diagnosis of Idiopathic Pulmonary Fibrosis as defined by The American Thoracic Society:
 - Exclusion of other known causes of interstitial lung disease
 - CT scan of lung shows definite features of usual interstitial pneumonia (UIP)
 - Specific combinations CT scan and lung biopsy patterns showing UIP
- ☐ Coverage of brand Esbriet requires a documented allergic reaction to generic pirfenidone

Coverage Criteria for Systemic Sclerosis-Associated Interstitial Lung Disease (Ofev Only)

- ☐ Diagnosis of Systemic Sclerosis-Associated Interstitial Lung Disease
- ☐ Age 18 years or older
- ☐ Documented trial, failure, or contraindication to mycophenolate mofetil or cyclophosphamide
- ☐ Prescribed by a pulmonologist (lung doctor), or rheumatologist (musculoskeletal doctor)
- ☐ Medication will not be used in combination with Actemra

Coverage Criteria for Chronic Fibrosing Interstitial Lung Disease (Ofev Only)

- ☐ Prescribed by a pulmonologist (lung doctor)
- ☐ Age 18 years or older
- ☐ Documented baseline liver function tests
- ☐ Diagnosis of Chronic Fibrosing Interstitial Lung Disease with a progressive phenotype
- ☐ Chart notes indicating forced vital capacity (FVC) greater than or equal to 45% of predicted



Chart notes indicating diffusing lung capacity for oxygen (DLCO) 30 – 79% of predicted