

**ESBRIET (pirfenidone),**

**Diagnosis Considered for Coverage:**

- Idiopathic pulmonary fibrosis (IPF)

**Coverage Criteria:**

**For diagnosis listed above:**

**Initial Treatment**

- Being prescribed by or in consultation with a pulmonologist, **and**
- Not being used in combination with Ofev, **and**
- Dose does not exceed FDA label maximum, **and**
- Patient has the following pulmonary function tests:
  - Forced Vital Capacity (FVC)  $\geq$  50% of predicted value, **and**
  - Diffusing Capacity of carbon monoxide (DL<sub>CO</sub>)  $\geq$  30% of predicted value.

**Coverage Duration:** 1 year

**Reauthorization**

- Being prescribed by or in consultation with a pulmonologist, **and**
- Patient has not received lung transplant, **and**
- Not being used in combination with Ofev, **and**
- Dose does not exceed FDA label maximum, **and**

**Coverage Duration:** 1 year

**Coverage Duration:** see above

Effective Date: 3/1/2023