

## Pirfenidone (Esbriet)

### Coverage Criteria:

Esbriet is reserved for patients meeting the following criteria:

1. Reserved for prescribing by Pulmonary; and
2. Patient has been diagnosed with mild-to-moderate idiopathic pulmonary fibrosis (IPF) per ATS/ERS/JRS/ALAT criteria, confirmed by:
  - a. Exclusion of other known causes of interstitial lung disease (ILD) (e.g., domestic and occupational environmental exposures, connective tissue disease, drug toxicity); and either:
    - i. The presence of the high-resolution CT (HRCT) pattern of usual interstitial pneumonia (UIP) as defined by ATS/ERS/JRS/ALAT criteria; or,
    - ii. Combinations of HRCT patterns and histopathology patterns indicative of IPF as defined by ATS/ERS/JRS/ALAT criteria in patients subjected to lung tissue sampling; and,
3. Patient has FVC greater than or equal to 50% at baseline; and,
4. Patient has a percent predicted diffusing capacity of the lungs for carbon monoxide (%DLCO) greater than or equal to 30%; and,
5. Patient does not have underlying liver disease; and,
6. Esbriet is prescribed at the FDA approved dosing regimen.

### Coverage Duration:

Approvals will be granted for a 12 months duration.

### Renewal Criteria:

1. Patient continues to meet the criteria above; and,
2. Patient has been seen within the past 14 months by the prescribing specialist; and,
3. Documentation that the medication continues to be effective has been submitted.