Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	КҮ	MD	NJ	NV	NY	TN	TX	WA
Applicable	Х	Х	NA	NA	Х	NA	Х	Х	Χ	Х	Х	NA	NA	NA

^{*}FHK- Florida Healthy Kids

Esbriet (pirfenidone)

Override(s)	Approval Duration						
Prior Authorization	1 year						
Quantity Limit							

Medications	Quantity Limit						
Esbriet (pirfenidone)	May be subject to quantity limit						

APPROVAL CRITERIA

Requests for Esbriet (pirfenidone) may be approved if the following criteria are met:

- I. Individual has documented diagnosis of idiopathic pulmonary fibrosis as confirmed by:
 - A. Exclusion of other known causes of interstitial lung disease (ILD) such as domestic and occupational environmental exposures, connective tissue disease, and drug toxicity; AND
 - B. High resolution computed tomography (HRCT) with or without surgical lung biopsy;

AND

- II. If initiating therapy, individual has documented pulmonary function tests within prior 60 days:
 - A. Forced Vital Capacity (% FVC) greater than or equal to 50%.

Requests for Esbriet (pirfenidone) may **not** be approved for the following:

- I. Individuals who will be using Esbriet (pirfenidone) in combination with Ofev (nintedanib); **OR**
- II. Individuals with end-stage renal disease (ESRD); OR
- III. Individuals with severe hepatic impairment (child pugh class C) or end-stage liver disease.

PAGE 1 of 2 10/01/2018

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	КҮ	MD	NJ	NV	NY	TN	TX	WA
Applicable	Х	Х	NA	NA	Х	NA	Х	Х	Χ	Х	Х	NA	NA	NA

^{*}FHK- Florida Healthy Kids

State Specific Mandates									
State name	Date effective	Mandate details (including specific bill if applicable)							
N/A	N/A	N/A							

Key References:

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