

UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Name	2018 P 1147-5
Program	Prior Authorization/Notification
Medications	Esbriet <sup>®</sup> (pirfenidone) and Ofev <sup>®</sup> (nintedanib) for Idiopathic Pulmonary Fibrosis
P&T Approval Date	11/2014, 11/2015, 9/2016, 9/2017, 9/2018
Effective Date	12/1/2018; Oxford only: N/A

**1. Background:**

Esbriet (pirfenidone) is a pyridone and Ofev (nintedanib) is a kinase inhibitor that are indicated for the treatment of idiopathic pulmonary fibrosis (IPF).

Members will be required to meet the coverage criteria below.

**2. Coverage Criteria:**

**A. Initial Authorization**

1. Esbriet and Ofev will be approved based on **all** of the following criteria:

- a. Diagnosis of idiopathic pulmonary fibrosis.

**Authorization will be issued for 12 months**

**B. Reauthorization**

1. Ofev and Esbriet will be approved based on the following criterion:

- a. Documentation of positive clinical response to Esbriet or Ofev therapy.

**Authorization will be issued for 12 months**

**3. Additional Clinical Programs:**

- Supply limits may be in place.

**4. References:**

1. Esbriet<sup>®</sup> [Prescribing Information]. Genentech USA, Inc. South San Francisco, CA. October 2017.
2. Ofev<sup>®</sup> [Prescribing Information]. Boehringer Ingelheim Pharmaceuticals, Inc. Ridgefield, CT. January 2018.

Program	Prior Authorization/Notification - Idiopathic Pulmonary Fibrosis
<b>Change Control</b>	
11/2014	New Program
11/2015	Annual Review. No change to clinical content. Updated background.
9/2016	Annual Review. No change in coverage criteria. Updated references.
9/2017	Annual Review. No change in coverage criteria. Updated references.
9/2018	Annual Review. No change in coverage criteria. Updated references.