Drugs for Interstitial Lung Disease

Goal:

- Restrict use to populations with chronic interstitial lung disease in which the drugs have demonstrated efficacy with FDA approval.

Length of Authorization:

- Up to 12 months

Requires PA:

- Non-preferred drugs

Preferred Alternatives:

- No preferred alternatives at this time

Table 1. FDA-approved Indications.

Indication	Nintedanib	Pirfenidone
Idiopathic pulmonary fibrosis	X	X
Chronic fibrosing interstitial lung disease with a progressive phenotype	X	
Systemic sclerosis-associated interstitial lung disease	X	

Approval Criteria		
1. Is the claim for a drug with an FDA-approved interstitial lung disease indication as outlined in Table 1?	**Yes:** Go to #2	**No:** Pass to RPh. Deny; medical appropriateness.
2. Is the treatment prescribed by a pulmonologist?	**Yes:** Go to #3	**No:** Pass to RPh. Deny; medical appropriateness.
3. Is the patient a current smoker?	**Yes:** Pass to RPh. Deny; medical appropriateness. Efficacy of approved drugs for IPF may be altered in smokers due to decreased exposure (see prescribing information).	**No:** Approve for up to 12 months.

P&T/DUR Review: *6/20 (AG); 7/15*
Implementation: *7/1/20, 8/16, 8/25/15*