



**GEORGIA MEDICAID FEE-FOR-SERVICE
PULMONARY FIBROSIS AGENTS PA SUMMARY**

Preferred	Non-Preferred
Ofev (nintedanib)*	Pirfenidone generic

*preferred but requires PA

LENGTH OF AUTHORIZATION: 1 year

NOTE: Ofev is preferred but requires prior authorization.

PA CRITERIA:

Ofev

- ❖ Approvable for members 40 years of age and older with a diagnosis of idiopathic pulmonary fibrosis (IPF) who have a forced vital capacity (FVC) $\geq 50\%$ of predicted.
- ❖ Approvable for members 18 years of age and older with a diagnosis of systemic sclerosis-associated interstitial lung disease (SSc-ILD) who have onset of disease less than 7 years, fibrosis of 10% or greater, FVC $\geq 40\%$ of predicted and experienced an inadequate response with systemic immunosuppressant therapy.
- ❖ Approvable for members 18 years of age and older with a diagnosis of chronic fibrosing interstitial lung disease (ILD) with a progressive phenotype who have fibrosis of 10% or greater, FVC $\geq 45\%$ of predicted and experienced an inadequate response with glucocorticoid or systemic immunosuppressant therapy.
- ❖ Must be prescribed by or in consultation with a pulmonologist.

Pirfenidone Generic

- ❖ Approvable for members 40 years of age and older with a diagnosis of idiopathic pulmonary fibrosis (IPF) who have a forced vital capacity (FVC) $\geq 50\%$ of predicted and have experienced an inadequate response, allergy, contraindication, drug-drug allergy or intolerable side effect with Ofev.
- ❖ Must be prescribed by or in consultation with a pulmonologist.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.



PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to <http://dch.georgia.gov/prior-authorization-process-and-criteria> and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.