



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

Preferred	Non-Preferred
Ofev (nintedanib)	Esbriet (pirfenidone)

**LENGTH OF AUTHORIZATION:** 1 Year

**PA CRITERIA:**

Esbriet

- ❖ 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 who have experienced an inadequate response, allergy, contraindication, drug-drug allergy or intolerable side effect with Ofev.

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) and 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.
- ❖ 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 current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.