MEDICAL MUTUAL®

Drug Policy

Policy:	Pirfenidone products	Annual Review Date: 06/20/2024 Last Revised Date: 06/20/2024

OVERVIEW

Pirfenidone, a pyridone, is indicated for the treatment of idiopathic pulmonary fibrosis (IPF).[1] The safety and effectiveness of pirfenidone in pediatric patients have not been established. The recommended daily maintenance dose of Pirfenidone is 801 mg (three 267-mg capsules) three times a day (TID) with food for a total of 2,403 mg/day. Doses should be administered at the same time each day. Dosages above 2,403 mg/day (nine capsules per day) are not recommended. Upon treatment initiation, titrate to the full dosage of nine capsules per day over a 14-day period. Liver function tests (LFTs) should be performed prior to Pirfenidone initiation.

POLICY STATEMENT

This policy involves the use of Pirfenidone. Prior authorization is recommended for pharmacy benefit coverage of Pirfenidone. Approval is recommended for those who meet the conditions of coverage in the **Criteria and Initial/Extended Approval** for the diagnosis provided. **Conditions Not Recommended for Approval** are listed following the recommended authorization criteria. Requests for uses not listed in this policy will be reviewed for evidence of efficacy and for medical necessity on a case-by-case basis.

Because of the specialized skills required for evaluation and diagnosis of patients treated with Pirfenidone as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Pirfenidone be prescribed by or in consultation with a physician who specializes in the condition being treated. All approvals for initial therapy are provided for the initial approval duration noted below; if reauthorization is allowed, a response to therapy is required for continuation of therapy unless otherwise noted below.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Pirfenidone is recommended in those who meet the following criteria:

1. **Idiopathic Pulmonary Fibrosis (IPF).** Approve for the duration noted below if the patient meets the following criteria (A or B):
   - **a)** Initial Therapy. Approve for 1 year if the patient meets the following (i, ii, iii, and iv):
     - **i.** Patient is ≥ 18 years of age; AND
     - **ii.** Forced vital capacity is ≥ 40% of the predicted value; AND
     - **iii.** Diagnosis of idiopathic pulmonary fibrosis is confirmed by one of the following (a or b):
       1. Findings on high-resolution computed tomography indicates usual interstitial pneumonia; OR
       2. A surgical lung biopsy demonstrates usual interstitial pneumonia; AND

iv. Medication is prescribed by, or in consultation with, a pulmonologist.

b) Patient is Currently Receiving Pirfenidone. Approve for 1 year if the patient meets the following (i, ii, and iii):

i. Patient is ≥ 18 years of age; AND

ii. Patient has experienced a beneficial response to therapy over the last year while receiving Pirfenidone; AND
Note: For a patient who has received less than 1 year of therapy, response is from baseline prior to initiating Pirfenidone. Examples of a beneficial response include a reduction in the anticipated decline in forced vital capacity, six-minute walk distance, and/or a reduction in the number or severity of idiopathic pulmonary fibrosis exacerbations.

iii. Medication is prescribed by, or in consultation, with a pulmonologist

Initial Approval/ Extended Approval.
A) *Initial Approval:* 365 days (1 year)
B) *Extended Approval:* 365 days (1 year)

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Pirfenidone has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval).

1. **Pirfenidone is Being Used Concomitantly with Ofev (nintedanib capsules).** Ofev is another medication indicated for the treatment of IPF. The effectiveness and safety of concomitant use of Pirfenidone with Ofev have not been established. The 2015 ATS/ERS/JRS/ALAT clinical practice guideline regarding the treatment of idiopathic pulmonary fibrosis (an update of the 2011 clinical practice guidelines) do not recommend taking Ofev and Pirfenidone in combination.[10] A small exploratory study was done in which patients with IPF receiving Ofev added on Pirfenidone.[11] Further research is needed to determine the utility of this combination regimen.

2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

REFERENCES

1. Esbriet® capsules and film coated tablets [prescribing information]. South San Francisco, CA: Genentech; February 2022.
2. Lederer DJ, Martinez FJ. Idiopathic pulmonary fibrosis. *N Engl J Med.* 2018;378(19):1811-1823.

3. Lynch JP, Huynh RH, Fishbein MC, et al. Idiopathic pulmonary fibrosis: epidemiology, clinical features, prognosis, and management. *Semin Respir Crit Care Med*. 2016;37:331-357.
4. King TE, Bradford WZ, Castro-Bernardini S, et al, for the ASCEND Study Group. A phase 3 trial of pirfenidone in patients with idiopathic pulmonary fibrosis. *N Engl J Med*. 2014;370(22):2083-2092.
5. Noble PW, Albera C, Bradford WZ, et al, for the CAPACITY Study Group. Pirfenidone in patients with idiopathic pulmonary fibrosis (CAPACITY): two randomized trials. *Lancet*. 2011;377:1760-1769.
6. King CS, Nathan SD. POINT: Should all patients with idiopathic pulmonary fibrosis, even those with more than moderate impairment, be treated with nintedanib or pirfenidone? Yes. *Chest*. 2016;150(2):273-275.
7. Nathan SD, Costabel U, Albera C, et al. Pirfenidone in patients with idiopathic pulmonary fibrosis and more advanced lung function impairment. *Respir Med*. 2019;153:44-51.
8. Costabel U, Albera C, Glassberg MK, et al. Effect of pirfenidone in patients with more advanced idiopathic pulmonary fibrosis. *Respir Research*. 2019;20:55.
9. Richeldi L, Crestani B, Azuma A, et al. Outcomes following decline in forced vital capacity in patients with idiopathic pulmonary fibrosis: results from the INPULSIS and INPULSIS-ON trials of nintedanib. *Respir Med*. 2019;156:20-25.
10. Raghu G, Rochwerg B, Zhang Y, et al, on behalf of the ATS, ERS, JRS, and ALAT. An official ATS/ERS/JRS/ALAT clinical practice guideline: treatment of idiopathic pulmonary fibrosis. Executive summary. An update of the 2011 clinical practice guideline. *Am J Respir Crit Care Med*. 2015;192(2):238-248.
11. Raghu G, Remy-Jardin M, Richeldi L, et al, on behalf of the ATS, ERS, JRS, and ALAT. Idiopathic pulmonary fibrosis (an update) and progressive pulmonary fibrosis in adults. An official ATS/ERS/JRS/ALAT clinical practice guideline. *Am J Respir Crit Care Med*. 2022;205(9):e18-e47.
12. Vancheri C, Kreuter M, Richeldi L, et al, INJOURNEY trial investigators. Nintedanib with add-on pirfenidone in idiopathic pulmonary fibrosis: results of the INJOURNEY trial. *Am J Respir Crit Care Med*. 2018;197(3):356-363.