Updated: 06/2018 PARP Approved: 07/2018

## Gateway Health Prior Authorization Criteria

## **Idiopathic Pulmonary Fibrosis (IPF) Medications**

All requests for Idiopathic Pulmonary Fibrosis (IPF) Medications require a prior authorization and will be screened for medical necessity and appropriateness using the criteria listed below.

## IPF Medication Prior Authorization Criteria:

Coverage may be provided with a <u>diagnosis</u> of idiopathic pulmonary fibrosis (IPF) and the following criteria is met:

- Must be at least 18 years old
- Must provide documentation of high-resolution computed tomography (HRCT) or surgical lung biopsy to confirm the diagnosis
- Must provide documentation of baseline liver function tests (LFTs; i.e. ALT, AST and bilirubin)
- Must not have AST or ALT elevation > 5 times the upper limit of normal (ULN)
- Must be prescribed by, or in consultation with, a pulmonologist
- The requested dose and frequency is in accordance with FDA-approved labeling, nationally recognized compendia, and/or evidence-based practice guidelines
- Must provide documentation that the member is currently not smoking as confirmed by a negative nicotine or cotinine test
- **Initial Duration of Approval:** 3 months
- Reauthorization criteria:
  - The member has had repeat LFTs (ALT, AST and bilirubin) within the past 3 months
  - Must not have AST or ALT elevation > 5 times ULN
  - Must provide documentation that the member is currently not smoking as confirmed by a negative nicotine or cotinine test within the past 6 months
- **Reauthorization Duration of Approval:** 6 months

Coverage may be provided for any non-FDA labeled indication if it is determined that the use is a medically accepted indication supported by nationally recognized pharmacy compendia or peer-reviewed medical literature for treatment of the diagnosis(es) for which it is prescribed. These requests will be reviewed on a case by case basis to determine medical necessity.

When criteria are not met, the request will be forwarded to a Medical Director for review. The physician reviewer must override criteria when, in their professional judgment, the requested medication is medically necessary.