



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Esbriet™ (pirfenidone)

Review Criteria

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- Member must have a diagnosis of Idiopathic Pulmonary Fibrosis (IPF)
- Member must be a non-smoker or has quit smoking
- Must be prescribed by or in consultation with a pulmonologist
- Initial authorization granted for 6 months

Renewal Criteria:

- Provider must submit update that member is benefitting and has remained non-smoking
- Subsequent authorizations granted for 1 year

Limitations:

- Max daily dose of 9.0 capsules daily