Esbriet

Description

Esbriet (pirfenidone)

Background
Idiopathic pulmonary fibrosis is a progressive condition in which the lungs develop abnormal tissue changes (fibrosis) over time. As a result, patients with IPF experience shortness of breath, and worsening lung function (1).

Esbriet is a pyridine molecule which acts on multiple pathways that may be involved in the development of fibrotic lung tissue. Its exact mechanism of action is unknown, however (1).

Regulatory Status
FDA-approved indication: Esbriet is a pyridone indicated for the treatment of idiopathic pulmonary fibrosis (IPF) (1).

Patients eligible for clinical studies were to have percent forced vital capacity (%FVC) greater than or equal to 50% at baseline and a percent predicted diffusing capacity of the lungs for carbon monoxide (%DLCO) greater than or equal to 30%. The primary endpoint was the change in percent predicted forced vital capacity (%FVC) from baseline to study end (1).

Esbriet is metabolized primarily (70 to 80%) via CYP1A2 with minor contributions from other CYP isoenzymes including CYP2C9, 2C19, 2D6 and 2E1. A drug interaction assessment needs to be performed before the start of the medication (1).
Safety and effectiveness of Esbriet in patients less than 18 years of age have not been established (1).

**Related policies**

**Ofev**

**Policy**

*This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.*

Esbriet may be considered **medically necessary** in patients 18 years of age or older with idiopathic pulmonary fibrosis (IPF) and if the conditions indicated below are met.

Esbriet is considered **investigational** in patients less than 18 years of age and for all other indications.

**Prior-Approval Requirements**

**Age**

18 years of age or older

**Diagnosis**

Patient must have the following:

Idiopathic pulmonary fibrosis (IPF)

AND ALL of the following:

1. Idiopathic (i.e., no identifiable cause for pulmonary fibrosis) diagnosis confirmed by ALL of the following:
   a. Physical exam
   b. Pulmonary Function Tests
      i. $\%FVC < 82\%$ of predicted
      ii. $\%DLCO$
      iii. $\%TLC < 80\%$ of predicted
   c. CT with classic findings of usual interstitial pneumonitis (UIP)
2. Must be prescribed by a pulmonologist
3. **NOT** to be used concurrently with other medications for idiopathic pulmonary fibrosis
4. Drug interaction assessment has been performed by the physician
5. **NO** known cause of the interstitial lung disease / fibrosis
Prior – Approval *Renewal* Requirements

**Age**

18 years of age or older

**Diagnosis**

Patient must have the following:

Idiopathic pulmonary fibrosis (IPF)

**AND ALL** of the following:

1. Assessment by the healthcare professional that the medication is helping the patient by meeting at least **ONE** of the following criteria (while taking this medication):
   
   a. Slowed the rate of decline of lung function
   b. Improved (or no decline in) symptoms of cough or shortness of breath
   c. Improved sense of well-being

2. **NOT** to be used concurrently with other medications for idiopathic pulmonary fibrosis

3. Drug interaction assessment has been performed by the physician

**Policy Guidelines**

**Pre - PA Allowance**

None

**Prior - Approval Limits**

**Duration**

6 months

**Prior – Approval *Renewal* Limits**

**Duration**

12 months

**Rationale**

**Summary**
Esbriet is a pyridone indicated for the treatment of idiopathic pulmonary fibrosis (IPF). Its primary endpoint was the change in percent predicted forced vital capacity (%FVC). Safety and effectiveness of Esbriet in pediatric patients have not been established (1).

Prior approval is required to ensure the safe, clinically appropriate and cost effective use of Esbriet while maintaining optimal therapeutic outcomes.

References

Policy History

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<thead>
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<tbody>
<tr>
<td>November 2014</td>
<td>Addition to PA</td>
</tr>
<tr>
<td>December 2014</td>
<td>Annual editorial review and reference update</td>
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<tr>
<td></td>
<td>Removal of baseline reading of percent forced vital capacity (%FVC)</td>
</tr>
<tr>
<td>March 2015</td>
<td>Annual editorial review and reference update</td>
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<tr>
<td>April 2015</td>
<td>Addition of Idiopathic diagnosis confirmed by the following: CT, Pulmonary Function Test, and Physical exam; no known cause of the interstitial lung disease / fibrosis; also drug interaction assessment has been performed; must be prescribed by a pulmonologist; assessment by the healthcare professional that the medication is helping the patient by meeting at least ONE of the following criteria (while taking this medication): slowed the rate of decline of lung function, improved (or no decline in) symptoms of cough or shortness of breath, improved sense of well-being. Removal of predicted diffusing capacity for carbon monoxide (%DLco) greater than or equal to 30% per SME</td>
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<tr>
<td>June 2015</td>
<td>Annual editorial review and reference update</td>
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<tr>
<td>February 2016</td>
<td>Change of the FVC from 80% to 82%</td>
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<tr>
<td>March 2016</td>
<td>Annual review</td>
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<tr>
<td></td>
<td>Policy number changed from 5.13.04 to 5.45.04</td>
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<tr>
<td>September 2016</td>
<td>Annual editorial review and reference update.</td>
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<tr>
<td>March 2017</td>
<td>Addition of the age to renewal requirement</td>
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This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 15, 2019 and is effective on April 1, 2019.