Non-formulary pirfenidone (Esbriet®) will be covered on the prescription drug benefit when the following criteria are met:

- Prescriber is a Pulmonologist
  - **AND** -
- Diagnosis of idiopathic pulmonary fibrosis (IPF) confirmed by consensus at multidisciplinary conference (“Chest Conference”)
  - **AND** -
- Forced Vital Capacity (FVC) 50% to 90% of predicted - **AND** -
- FEV₁/FVC ratio at least 0.7 - **AND** -
- Carbon monoxide diffusing capacity (DLco) of 30% to 90% of predicted - **AND** -
- Able to walk at least 150 m during a 6-minute-walk-test
  - **AND** -
- Patient is NOT a current smoker
  - **AND** -
- NOT concurrently receiving treatment with nintedanib (Ofev)
  - **AND** -
- No laboratory-related exclusions: total bilirubin greater than the ULN, AST or ALT greater than 3 x ULN; alkaline phosphatase greater than 2.5 x ULN, CrCl <30 mL/min
  - **AND** -

**Notes:**
These are the minimum requirements to screen for pirfenidone approval. Prescribing physician is responsible for meeting all prescribing requirements, see NW pirfenidone (Esbriet) guideline for complete criteria: [http://prc.appl.kp.org/Display.aspx?FileID=3450](http://prc.appl.kp.org/Display.aspx?FileID=3450)

Pirfenidone is not recommended in patients with severe (Child-Pugh Class C) hepatic impairment, patients with AST/ALT greater than 3 times the ULN, patients with severe renal impairment (creatinine clearance less than 30 mL/min) or ESRD.

Assess AST, ALT, and bilirubin monthly for the first 6 months and every 3 months thereafter.

Pirfenidone may cause photosensitivity. Patients should minimize exposure to sunlight, to use a sunblock daily (SPF 50 or higher) & wear clothing that protects against sun exposure.

Cigarette smoking reduces pirfenidone exposure. Cigarette smoking should be avoided within 3 months prior to starting pirfenidone and during pirfenidone treatment.