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Brand Name	Generic Name	Strength / Unit	Dosage Form	Class
ESBRIET	PIRFENIDONE	267MG	CP	92:44.00
DIN	Manufacturer	List Price	Lowest Cost Alternative	Fill Fee
02393751	INT	\$12.7700	-	Yes
PHRM	CHRN	CDOP	PALL	
E	E	N	Y	

**Exceptions**

Programs	Exception Criteria
CHRN PHRM	<p><b>Initial Approval:</b></p> <p>Adult patients who have a diagnosis of mild to moderate idiopathic pulmonary fibrosis (IPF) confirmed by a respirologist and a high-resolution CT scan within the previous 24 months. Mild to moderate IPF is defined as: a FVC between 50-80% predicted, and a Percent Carbon Monoxide Diffusing Capacity (%DLCO) between 30-90% predicted.</p> <p>Initial approval period: 7 months (allow 4 weeks for repeat pulmonary function tests)</p> <p><b>Initial Renewal Criteria:</b></p> <p>Patients must NOT demonstrate progression of disease defined as an absolute decline in percent predicted FVC of <math>\geq 10\%</math> from initiation of therapy until renewal (initial 6 month treatment period). If a patient has experienced progression as defined above, then the results should be validated with a confirmatory pulmonary function test conducted 4 weeks later.</p> <p>Approval period: 6 months</p> <p>Second renewal (12 months after initiation of therapy) :</p> <p>Patients must NOT demonstrate progression of disease defined as an absolute decline in percent predicted FVC of <math>\geq 10\%</math> since initiation of therapy (baseline). If a patient has experienced progression as defined above, then the results should be validated with a confirmatory pulmonary function test conducted 4 weeks later.</p> <p>Approval period: 12 months</p>

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