

Priority Health Medicare Prior Authorization Criteria (Part D)

Esbriet®

Products affected

- Esbriet®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	Must have presence of a UIP pattern on HRCT in patients not subjected to surgical lung biopsy.
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	One year
Other criteria	Prescriber must rule out other known causes of interstitial lung disease.