Effective Date: 5/01/2026
Reviewed: 2/26 Scope: Medicaid

Jascayd (nerandomilast)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication
The treatment of idiopathic pulmonary fibrosis (IPF) in adult patients
The treatment of progressive pulmonary fibrosis (PPF) in adult patients

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

A. Treatment of IPF

An authorization may be granted for 6 months when the following criteria are met:

1. The requested drug is prescribed by or in consultation with a pulmonologist
2. Member is at least 18 years of age.
3. Documented diagnosis of IPF by both of the following:
    a. Other known causes of interstitial lung disease (e.g., domestic and occupational environmental exposures, connective tissue disease, drug toxicity) have been excluded.
    b. The member meets either of the following:
        i. Member has completed a high-resolution computed tomography (HRCT) study of the chest or a lung biopsy which reveals a result consistent with the usual interstitial pneumonia (UIP) pattern.
        ii. Member has completed an HRCT study of the chest which reveals a result other than the UIP pattern (e.g., probable UIP, indeterminate for UIP) and the diagnosis is supported by a lung biopsy. If a lung biopsy has not been previously conducted, the diagnosis is supported by a multidisciplinary discussion between a radiologist and pulmonologist who are experienced in IPF.
4. Documentation of the member's baseline forced vital capacity (FVC).
5. Documentation that the member has had an inadequate treatment response with a 6-month trial, intolerance, or contraindication to pirfenidone (generic Esbriet) or Ofev (nintedanib).
6. If prescribed in combination with pirfenidone (generic Esbriet) or Ofev (nintedanib), documentation that the member has experienced disease progression on at least a 6-month trial of monotherapy with pirfenidone (generic Esbriet) or Ofev (nintedanib) at maximum tolerated dose.

B. Treatment of Progressive Pulmonary Fibrosis (PPF)

An authorization may be granted for 6 months when the following criteria are met:

1. The requested drug is prescribed by or in consultation with a pulmonologist
2. Member is at least 18 years of age.
3. Documented diagnosis of PPF by both of the following:
    a. Member has completed high-resolution computed tomography (HRCT) study of the chest that shows fibrosis affecting at least 10% of the lungs.
    b. Member has progressive disease, defined as forced vital capacity [FVC] decline ≥ 10% of the predicted value, FVC decline ≥ 5% and <10% with worsening respiratory symptoms or imaging, OR worsening of respiratory symptoms and imaging with increased extent of fibrosis on HRCT.
4. Documentation of the member's baseline forced vital capacity (FVC).
5. Documentation that the member has had an inadequate treatment response with a 6-month trial, intolerance, or contraindication to Ofev (nintedanib).
6. If prescribed in combination with Ofev (nintedanib), documentation that the member has experienced disease progression on at least a 6-month trial of monotherapy with Ofev (nintedanib) at maximum tolerated dose.

III. CRITERIA FOR CONTINUATION OF THERAPY

A. For continuation of **monotherapy** of Jascayd, authorization of 6 months may be granted when the member has documentation of a positive clinical response to the medication (e.g., reduction in the anticipated decline in forced vital capacity, six-minute walk distance, and/or in the number or severity of exacerbations) and is being prescribed by or consultation with a pulmonologist.

B. For continuation of **combination therapy** of Jascayd with pirfenidone or Ofev (nintedanib), authorization of 6 months may be granted when the member has documentation of a clinically meaningful improvement on combination therapy compared to monotherapy (e.g., reduction in the anticipated decline in forced vital capacity, six-minute walk distance, and/or in the number or severity of exacerbations) and is being prescribed by or in consultation with a pulmonologist.

IV. QUANTITY LIMIT

Jascayd 9mg & 18mg tablets: 60 tablets per 30 days

V. REFERENCES

1. Jascayd (nerandomilast). Ridgefield, CT. FDA Package Insert. October 2025.