Mass General Brigham
Health Plan

Jascayd (nerandomilast)
Effective 06/01/2026

Plan	☐ MassHealth UPPL ☒ Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	These medications have been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

Overview
Jascayd (nerandomilast) is indicated for the treatment of adults with:

- Idiopathic pulmonary fibrosis (IPF)
- Progressive pulmonary fibrosis

Coverage Guidelines
If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, excluding when the product is obtained as samples or via manufacturer's patient assistance programs
OR
Authorization may be granted when all of the following criteria are met:

Idiopathic Pulmonary Fibrosis (IPF)

2. Diagnosis of idiopathic pulmonary fibrosis (IPF)
3. Other known causes of interstitial lung disease (e.g., domestic and occupational environmental exposures, connective tissue disease, drug toxicity) have been excluded
4. ONE of the following:
    a. 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
    b. BOTH of the following:
        i. 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, alternative diagnosis)
        ii. ONE of the following:
            1. Diagnosis is supported by a lung biopsy
            2. 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
5. ONE of the following:
    a. Trial and failure, contraindication or intolerance to ONE of the following:

i. Pirfenidone
ii. Ofev

b. Member will be continuing therapy with one of the following in combination Jascayd:
i. Pirfenidone
ii. Ofev

Progressive Pulmonary Fibrosis

1. Diagnosis of progressive pulmonary fibrosis
2. Member has completed a high-resolution computed tomography (HRCT) study of the chest that shows fibrosis affecting at least 10 percent of the lungs
3. Member has progressive disease (e.g., forced vital capacity [FVC] decline greater than or equal to 10% of the predicted value, worsening respiratory symptoms, increased extent of fibrosis on HRCT)
4. ONE of the following:
   a. Trial and failure, contraindication, or inadequate response to Ofev
   b. Member is currently being treated with Ofev and requires add-on therapy

Continuation of Therapy

Requests for reauthorization will be approved when the following criteria are met:

1. Member demonstrates a positive clinical response to therapy

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months
2. The following quantity limits apply

Drug Name and Dosage Form	Quantity Limit
Jascayd tablet	2 tablets per day

References

1. Jascayd (nerandomilast) [prescribing information]. Ridgefield, CT: Boehringer Ingelheim; December 2025.
2. Maher TM. Interstitial Lung Disease: A Review. *JAMA*. 2024;331(19):1655-1665.
3. Mazurek JM, Syamlal G, Weissman DN. Idiopathic pulmonary fibrosis mortality by industry and occupation - United States, 2020-2022. *MMWR Morb Mortal Wkly Rep*. 2025;74(7):109-115.
4. Paterniti MO, Bi Y, Rekić D, Wang Y, Karimi-Shah BA, Chowdhury BA. Acute exacerbation and decline in forced vital capacity are associated with increased mortality in idiopathic pulmonary fibrosis. *Ann Am Thorac Soc*. 2017;14(9):1395-1402.
5. Petnak T, Lertjitbanjong P, Thongprayoon C, Moua T. Impact of antifibrotic therapy on mortality and acute exacerbation in idiopathic pulmonary fibrosis: A systematic review and meta-analysis. *Chest*. 2021;160(5):1751-1763.
6. Raghu G, Collard HR, Egan JJ, et al; ATS/ERS/JRS/ALAT Committee on Idiopathic Pulmonary Fibrosis. An official ATS/ERS/JRS/ALAT statement: idiopathic pulmonary fibrosis: evidence-based guidelines for diagnosis and management. *Am J Respir Crit Care Med*. 2011;183(6):788-824.
7. Raghu G, Remy-Jardin M, Richeldi L, et al. Idiopathic pulmonary fibrosis (an update) and progressive pulmonary fibrosis in adults: An official ATS/ERS/JRS/ALAT clinical practice guideline. *Am J Respir Crit Care Med*. 2022;205(9):e18-e47.
8. Richeldi L, Azuma A, Cottin V, et al; 1305-0013 Trial Investigators. Trial of a preferential phosphodiesterase 4B inhibitor for idiopathic pulmonary fibrosis. *N Engl J Med*. 2022;386(23):2178-2187.
9. Richeldi L, Azuma A, Cottin V, et al; FIBRONEER-IPF Trial Investigators. Nerandomilast in patients with idiopathic pulmonary fibrosis. *N Engl J Med*. 2025;392(22):2193-2202.

Review History
03/11/2026 – Created and reviewed at March P&T. Effective 06/01/2026.