AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Jascayd	Page:	1 of 2
Effective Date:	2/20/2026	Last Review Date:	1/15/2026
Applies to:	☒New Jersey ☒Maryland ☒Florida Kids ☒Pennsylvania Kids		

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Jascayd under the patient's prescription drug benefit.

Description:

FDA-Approved Indication
Jascayd is indicated for treatment of idiopathic pulmonary fibrosis in adult patients.

All other indications are considered experimental/investigational and not medically necessary.

Applicable Drug List:

Non-Preferred Agent:
Jascayd

Policy/Guideline:

The patient unable to take the preferred formulary alternative, pirfenidone, for the given diagnosis, where indicated, due to a trial and inadequate treatment response or intolerance, or a contraindication.

Note: If the member is a current smoker, they should be counseled on the harmful effects of smoking on pulmonary conditions and available smoking cessation options.

Documentation
Submission of the following information is necessary to initiate the prior authorization review (where applicable):

- Chart notes or medical record documentation of result of a chest high-resolution computed tomography (HRCT) study.
- Chart notes or medical record documentation of pathology report of lung biopsy (if performed).

Prescriber Specialties
This medication must be prescribed by or in consultation with a pulmonologist or a specialist in the treatment of idiopathic pulmonary fibrosis

Criteria for Initial Approval:
Authorization of 12 months may be granted for treatment of idiopathic pulmonary fibrosis when the member has undergone a diagnostic work-up which includes BOTH of the following:

- Other known causes of interstitial lung disease (e.g., domestic and occupational environmental exposures, connective tissue disease, drug toxicity) have been excluded.
- The member meets EITHER of the following:

- 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.
- 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

Criteria for Continuation of Therapy

Authorization of 12 months may be granted for treatment of idiopathic pulmonary fibrosis when the member is experiencing disease stability or improvement while receiving the requested drug

Approval Duration and Quantity Restrictions:

Initial and Renewal Approval: 12 Months

Quantity Level Limit: 60 tablets per 30 days

References:

1. Jascayd [package insert]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc. October 2025.
2. 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.
3. Distler O, Highland KB, Gahlemann M, et al. Nintedanib for systemic sclerosis-associated interstitial lung disease. N Engl J Med. 2019;380(26):2518-2528.
4. van den Hoogen F, Khanna D, Fransen J, et al. 2013 Classification criteria for systemic sclerosis: an American College of Rheumatology/European League against Rheumatism collaborative initiative. Arthritis Rheum. 2013;65(11):2737-47.
5. Flaherty KR, Wells AU, Cottin V, et al. Nintedanib in progressive fibrosing interstitial lung diseases. N Engl J Med. 2019;381(18):1718-1727.
6. Rahaghi FF, Hsu VM, Kaner RJ, et al. Expert consensus on the management of systemic sclerosis-associated interstitial lung disease. Respir Res. 2023;24(1):6-16.
7. Galdo FD, Lescoat A, Conaghan PG, et al. EULAR recommendations for the treatment of systemic sclerosis: 2023 update. Ann Rheum Dis. 2024;0:1-12.