PHARMACY POLICY STATEMENT
Nevada Medicaid

DRUG NAME	Jascayd (nerandomilast)
BENEFIT TYPE	Pharmacy
STATUS	Prior Authorization Required

Jascayd, approved by the FDA in 2025, is a phosphodiesterase 4 (PDE4) inhibitor indicated for the treatment of idiopathic pulmonary fibrosis (IPF) or progressive pulmonary fibrosis (PPF) in adults.
IPF, the most common of the interstitial lung diseases, is characterized by chronic, progressive scarring of the lungs and the pathological hallmark of usual interstitial pneumonia (UIP).
Progressive fibrosing ILDs encompass a wide range of diseases, including hypersensitivity pneumonitis, occupational diseases, granulomatous diseases, drug-induced diseases, and idiopathic pneumonitis.

Jascayd (nerandomilast) will be considered for coverage when the following criteria are met:

Idiopathic Pulmonary Fibrosis (IPF)

For **initial** authorization:
1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with a pulmonologist; AND
3. Member has a diagnosis of IPF confirmed by a UIP pattern on high resolution computed tomography (HRCT) or by a lung biopsy (results must be submitted for review); AND
4. Documentation of member's baseline forced vital capacity (FVC); AND
5. Member has tried and failed Esbriet or Ofev.
6. **Dosage allowed/Quantity limit:** 18 mg orally twice daily. May reduce to 9 mg twice daily if unable to tolerate, unless concurrently taking pirfenidone. QL: 60 tablets per 30 days

If all the above requirements are met, the medication will be approved for 6 months.

For **reauthorization**:
1. Chart notes must show improvement or stabilized signs and symptoms of disease demonstrated by reduced rate of FVC decline.

If all the above requirements are met, the medication will be approved for an additional 12 months.

Progressive Pulmonary Fibrosis (PPF)	
For **initial** authorization: 1. Member is at least 18 years of age; AND 2. Medication must be prescribed by or in consultation with a pulmonologist; AND 3. Member has a diagnosis of PPF confirmed by high-resolution computed tomography (HRCT) showing fibrosis affecting at least 10% of the lungs (results must be submitted for review); AND 4. Member has at least 2 of the following: a) Worsening respiratory symptoms b) Physiological evidence of disease progression (i.e., decline in FVC ⩾5% predicted or DLCO ⩾10% predicted within the past year) c) Radiological evidence of disease progression within the past year (e.g., increased traction bronchiectasis, new ground glass opacity or fine reticulation, new/increased honeycombing, increased lobar volume loss); AND 5. Documentation of member's baseline forced vital capacity (FVC). 6. **Dosage allowed/Quantity limit:** 18 mg orally twice daily. May reduce to 9 mg twice daily if unable to tolerate, unless concurrently taking pirfenidone. QL: 60 tablets per 30 days ***If all the above requirements are met, the medication will be approved for 6 months.***	
For **reauthorization**: 1. Chart notes must show improvement or stabilized signs and symptoms of disease demonstrated by reduced rate of FVC decline. ***If all the above requirements are met, the medication will be approved for an additional 12 months.***	

CareSource considers Jascayd (nerandomilast) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
11/04/2025	New policy for created for Jascayd.
02/12/2026	Added new indication for PPF.

References:

1. Jascayd [prescribing information]. Boehringer Ingelheim Pharmaceuticals, Inc.; 2025.
2. Richeldi L, Azuma A, Cottin V, et al. Nerandomilast in Patients with Idiopathic Pulmonary Fibrosis. *N Engl J Med*. 2025;392(22):2193-2202. doi:10.1056/NEJMoa2414108

3. Raghu G, Rochwerg B, Zhang Y, et al. An Official ATS/ERS/JRS/ALAT Clinical Practice Guideline: Treatment of Idiopathic Pulmonary Fibrosis. An Update of the 2011 Clinical Practice Guideline. *Am J Respir Crit Care Med*. 2015;192(2):e3-e19. doi:10.1164/rccm.201506-1063ST
4. 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. doi:10.1164/rccm.202202-0399ST
5. Maher TM, Assassi S, Azuma A, et al. Design of a phase III, double-blind, randomised, placebo-controlled trial of BI 1015550 in patients with progressive pulmonary fibrosis (FIBRONEER-ILD). *BMJ Open Respir Res*. 2023;10(1):e001580. doi:10.1136/bmjresp-2022-001580

Effective date: 07/01/2026
Revised date: 02/12/2026