

Louisiana Medicaid Nerandomilast (Jascayd®)

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for nerandomilast (Jascayd®).

Additional Point-of-Sale edits may apply.

By submitting the authorization request, the prescriber attests to the conditions available [HERE](#).

Approval Criteria for Initiation of Therapy

- The recipient is 18 years of age or older on the date of the request; **AND**
- The recipient has **ONE** of the following diagnoses:
 - idiopathic pulmonary fibrosis (IPF); **OR**
 - progressive pulmonary fibrosis; **AND**
- The requested medication is prescribed by, or the request states that this medication is being prescribed in consultation with, a pulmonologist; **AND**
- For a non-preferred agent, there is no preferred alternative that is the exact same chemical entity, formulation, strength, etc; **AND**
- If request is for a non-preferred agent - **ONE** of the following is required: (See Idiopathic Pulmonary Fibrosis on the PDL/NPDL for list of preferred agents)
 - The recipient has had a *treatment failure* with at least one preferred product; **OR**
 - The recipient has had an *intolerable side effect* to at least one preferred product; **OR**
 - The recipient has *documented contraindication(s)* to all of the preferred products that are appropriate to use for the condition being treated; **OR**
 - There is *no preferred product that is appropriate* to use for the condition being treated.

Approval Criteria for Continuation of Therapy

- The prescriber **states on the request** that the recipient is established on the medication with evidence of a positive response to therapy.

Duration of approval for initiation and continuation of therapy: 12 months

Reference

Jascayd (nerandomilast) [package insert]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc; December 2025. <https://patient.boehringer-ingelheim.com/us/products/jascayd/bipdf/prescribing-information>

Revision / Date	Implementation Date
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