

## Ohtuvayre (ensifentrine)

### Disclaimer

*Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.*

*Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.*

### Summary

Chronic obstructive pulmonary disease (COPD) is a progressive lung disease characterized by persistent respiratory symptoms and airflow limitation. Treatment goals are to reduce symptoms, improve health status and exercise tolerance, and prevent exacerbations. Inhaled therapies are the mainstay of pharmacological management.

1. Initial treatment for most patients consists of a long-acting muscarinic antagonist (LAMA), a long-acting beta2-agonist (LABA), or a LAMA/LABA combination.
2. In patients with persistent exacerbations, adding an inhaled corticosteroid (ICS) to LAMA+LABA as triple therapy is recommended.
3. Other add-on options for select patients include roflumilast, azithromycin, or theophylline.

Ohtuvayre (ensifentrine) is a nebulized phosphodiesterase-3 and -4 inhibitor indicated as add-on therapy for the maintenance treatment of COPD in adults.

## Definitions

"**COPD**" refers to chronic obstructive pulmonary disease, a lung disease characterized by chronic obstruction of lung airflow that interferes with normal breathing

"**COPD exacerbation**" is defined as an acute worsening of respiratory symptoms that results in additional therapy.

"**FEV1**" is forced expiratory volume in 1 second, a measure of lung function

"**ICS**" is inhaled corticosteroid, an anti-inflammatory medication

"**LABA**" is long-acting beta2-agonist, a bronchodilator medication

"**LAMA**" is long-acting muscarinic antagonist, an anticholinergic bronchodilator medication

## Medical Necessity Criteria for Initial Authorization

The Plan considers Ohtuvayre (ensifentrine) medically necessary when **ALL** of the following criteria are met:

1. The member is 18 years of age or older; **AND**
2. The member has a diagnosis of chronic obstructive pulmonary disease (COPD), confirmed by spirometry; **AND**
3. The member has persistent symptoms (e.g., dyspnea, cough, sputum production) and/or a history of exacerbations despite adherent use for at least 3 months of **ONE** of the following:
  - a. Inhaled triple therapy with an inhaled corticosteroid (ICS), a long-acting beta2-agonist (LABA), and a long-acting muscarinic antagonist (LAMA); **or**
  - b. Dual bronchodilator therapy with a LAMA and a LABA, **AND** if the member has severe COPD, chronic bronchitis, and a history of exacerbations, they have also tried roflumilast; **AND**
4. Ohtuvayre will be used as an add-on to (i.e., not a replacement for) the member's existing maintenance therapy regimen (i.e., either triple therapy with ICS/LABA/LAMA or dual therapy with LAMA/LABA); **AND**
5. Ohtuvayre will not be used:
  - a. concomitantly with other phosphodiesterase inhibitors (e.g. roflumilast); **or**
  - b. to treat acute symptoms of bronchospasm; **AND**
6. Prescribed dose does not exceed 3 mg twice daily.

**If the above prior authorization criteria are met, the requested product will be authorized for 12-months.**

### Medical Necessity Criteria for Reauthorization

Reauthorization for 12-months will be granted if the member has recent (within the last 3 months) clinical chart documentation demonstrating beneficial response with Ohtuvayre therapy as demonstrated by one of the following:

1. Reduction in COPD exacerbations compared to pre-treatment baseline; **OR**
2. Improvement in lung function (e.g., increase in FEV1); **OR**
3. Improvement in respiratory symptoms (e.g., dyspnea).

### Experimental or Investigational / Not Medically Necessary

Ohtuvayre (ensifentrine) for any other indication or use is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, or unproven. Non-covered indications include, but are not limited to, the following:

- in combination with other PDE4 inhibitors, such as roflumilast.
- for treatment of asthma or other respiratory conditions besides COPD.
- via any route of administration other than oral inhalation with a standard jet nebulizer.

### References

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2. Arnold MJ, Buelt A. Treatment of Chronic Obstructive Pulmonary Disease: Guidelines from the VA/DoD. *Am Fam Physician*. 2021 Jul 1;104(1):98-99. PMID: 34264617.
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4. Criner GJ, Bourbeau J, Diekemper RL, Ouellette DR, Goodridge D, Hernandez P, Curren K, Balter MS, Bhutani M, Camp PG, Celli BR, Dechman G, Dransfield MT, Fiel SB, Foreman MG, Hanania NA, Ireland BK, Marchetti N, Marciniuk DD, Mularski RA, Ornelas J, Road JD, Stickland MK. Prevention of acute exacerbations of COPD: American College of Chest Physicians and Canadian Thoracic Society Guideline. *Chest*. 2015 Apr;147(4):894-942. doi: 10.1378/chest.14-1676. PMID: 25321320; PMCID: PMC4388124.
5. Global Initiative for Chronic Obstructive Lung Disease (GOLD). Global Strategy for the Diagnosis, Management, and Prevention of COPD. 2024 Report.
6. Ohtuvayre (ensifentrine) [prescribing information]. Raleigh, NC: Verona Pharma Inc; June 2024.
7. Zuo H, Cattani-Cavaliere I, Musheshe N, Nikolaev VO, Schmidt M. Phosphodiesterases as therapeutic targets for respiratory diseases. *Pharmacol Ther*. 2019 May;197:225-242. doi: 10.1016/j.pharmthera.2019.02.002. Epub 2019 Feb 10. PMID: 30759374.

**Clinical Guideline Revision / History Information**

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