Oscar Clinical Guideline: Ohtuvayre (ensifentrine) (PG237, Ver. 3)

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. Symptoms include breathing difficulty, cough, mucus (sputum) production and wheezing. The main risk factor for COPD is tobacco smoking, but other environmental exposures such as fuel exposure and air pollution may contribute. Aside from exposures, individual factors, such as history of infections (e.g. childhood pneumonia, tuberculosis, human immunodeficiency virus [HIV]) genetic abnormalities, abnormal lung development, and sex (female sex provides a higher risk of COPD), predispose individuals to develop COPD as well. COPD is associated with significant concomitant chronic diseases, which increase its morbidity and mortality. Emphysema and chronic bronchitis are the two most common conditions that contribute to COPD. People with COPD are at increased risk of developing heart disease, lung cancer and a variety of other conditions. Although COPD is a progressive disease that gets worse over time, it is treatable. With proper management, most people with COPD can achieve good symptom control and quality of life, as well as reduced risk of other associated conditions.

According to the 2026 Global Initiative for Chronic Obstructive Lung Disease (GOLD) guidelines for COPD, long-acting beta-2 agonists (LABAs) may be used as initial monotherapy in those in Groups A, B, and E. In both group B and E, long-acting muscarinic antagonists (LAMAs) can be added to LABAs therapy. It is noted in the guidelines that single inhalers are preferred over multiple inhalers as they are more effective and improve adherence. It may also be considered to initiate a combined LAMA/LABA and Inhaled corticosteroid (ICS) if one's blood eosinophil count is greater than or equal to (≥) 300. Add-on options for select individuals include roflumilast, dupilumab, mepolizumab, 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.

"Documentation" refers to written information, including but not limited to:

- Up-to-date chart notes, relevant test results, and/or relevant imaging reports to support diagnoses; or
- Prescription claims records, and/or prescription receipts to support prior trials of formulary alternatives.

"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

"No evidence of" indicates that the reviewer has not identified any records of the specified item or condition within the submitted materials or claims history. In the absence of such evidence, the member is considered eligible. If any evidence of the item or condition is present upon review of the request, the member does not qualify.

"[s]" indicates state mandates may apply.

Clinical Indications

Medical Necessity Criteria for Initial Clinical Review

Initial Indication-Specific Criteria

Chronic Obstructive Pulmonary Disease

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 (1) of the following[s]:
    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, the member is unable to use, or has tried and failed roflumilast; *AND*
4. Ohtuvayre (ensifentrine) 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. The member meets ALL of the following:
    a. No evidence of concomitantly use with other phosphodiesterase inhibitors (e.g. Daliresp [roflumilast]); *or*
    b. No evidence of use for the treatment of acute symptoms of bronchospasm; *AND*

6. Ohtuvayre (ensifentrine) is being prescribed at a dose and frequency that is within FDA approved labeling OR is supported by compendia or evidence-based published dosing guidelines for the requested indication.

If the above prior authorization criteria are met, the requested product will be authorized for up to 12-months.[s]

Continued Care

Medical Necessity Criteria for Subsequent Clinical Review

Subsequent Indication-Specific Criteria

Chronic Obstructive Pulmonary Disease

The Plan considers Ohtuvayre (ensifentrine) medically necessary when ONE (1) of the following criteria are met:

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

If the above reauthorization criteria are met, the requested product will be authorized for up to 12-months.[s]

Experimental or Investigational or Unproven / Not Medically Necessary[s]

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

- In combination with other PDE4 inhibitors, such as Daliresp (roflumilast). Ohtuvayre (ensifentrine) should not be used in combination with other PDE4 inhibitors and has not been studied in this manner.
- For treatment of asthma or other respiratory conditions besides COPD. Ohtuvayre (ensifentrine) has only been studied and approved for the maintenance treatment of COPD.
- Via any route of administration other than oral inhalation with a standard jet nebulizer. Ohtuvayre (ensifentrine) has not been studied for administration by any other method or route.

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Clinical Guideline Revision / History Information

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