Harvard Pilgrim Health Care | TUFTS Health Plan

Pharmacy Medical Necessity Guidelines:

# Ohtuvayre (ensifentrine)

*Effective May 12, 2026*

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| **Guideline Type** | ☒ Prior Authorization<br>☐ Non-Formulary<br>☐ Step-Therapy<br>☐ Administrative |

**Applies to:**

**Commercial Products**

☒ Harvard Pilgrim Health Care Commercial products; Fax: 617-673-0988

☒ Tufts Health Plan Commercial products; Fax: 617-673-0988

**Public Plans Products**

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 617-673-0988

**Note:** While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to ensure that prior authorization has been obtained.

## Overview

**Food and Drug Administration – Approved Indications**

**Ohtuvayre** (ensifentrine) is a PDE3 inhibitor and PDE4 inhibitor indicated for the maintenance treatment of COPD in adult patients.

## Clinical Guideline Coverage Criteria

**Ohtuvayre** (ensifentrine)

The plan may authorize coverage of **Ohtuvayre** (ensifentrine) for patients when **ALL** of the following criteria are met:

1. Documented diagnosis of Chronic obstructive pulmonary disease (COPD)

**AND**

2. The patient tried and failed therapy with **one** recommended initial COPD maintenance medication combination:
   a. Inhaled bronchodilators:
      i. Long-acting beta-2 agonists (LABAs) and Long-acting muscarinic antagonists (LAMAs) combination therapy

**OR**

   b. Inhaled anti-inflammatory agents
      i. Inhaled corticosteroids (ICS) and LABA/LAMA combination therapy

**AND**

3. Prescribed by or in consultation with a pulmonologist

## Limitations

- None

## Codes

None

## References


1. American Thoracic Society. Sleep Related Questionnaires: COPD Assessment Test (CAT). American Thoracic Society website. https://www.thoracic.org/members/assemblies/assemblies/srn/questionaires/copd.php. Accessed July 15, 2024.
2. American Thoracic Society. Sleep Related Questionnaires: St. George's Respiratory Questionnaire (SGRQ). American Thoracic Society website. https://www.thoracic.org/members/assemblies/assemblies/srn/questionaires/sgrq.php. Accessed July 15, 2024.
3. American Thoracic Society. Sleep Related Questionnaires: Transition Dyspnea Index (TDI). American Thoracic Society website. https://www.thoracic.org/members/assemblies/assemblies/srn/questionaires/bdi-tdi.php. Accessed July 15, 2024.
4. Anzueto A, Barjaktarevic IZ, Siler TM, et al. Ensifentrine, a novel phosphodiesterase 3 and 4 inhibitor for the treatment of chronic obstructive pulmonary disease: Randomized, double-blind, placebo-controlled, multicenter Phase III trials (the ENHANCE Trials). Am J Respir Crit Care Med. 2023;208(4):406-416. doi: 10.1164/rccm.202306-0944OC.

5. Daliresp. Package insert. AstraZeneca; January 2018.
6. Evidera. EXACT PROgram. 2024. https://www.evidera.com/what-we-do/patient-centered-research/coa-instrument-management-services/exact-program/. Accessed July 15, 2024.
7. Ferguson GT, Kerwin EM, Rheault T, Bengtsson T, Rickard K. A dose-ranging study of the novel inhaled dual PDE 3 and 4 inhibitor ensifentrine in patients with COPD receiving maintenance tiotropium therapy. Int J Chron Obstruct Pulmon Dis. 2021;16:1137-1148. doi: 10.2147/COPD.S307160.
8. Global Initiative for Chronic Obstructive Lung Disease. Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease. 2024. https://goldcopd.org/2024-gold-report/. Accessed July 15, 2024.
9. Leidy NK, Bushnell DM, Thach C, Hache C, Gutzwiller FS. Interpreting Evaluating Respiratory SymptomsTM in COPD diary scores in clinical trials: Terminology, methods, and recommendations. Chronic Obstr Pulm Dis. 2022;9(4):576-590. doi: 10.15326/jcopdf.2022.0307.
10. Lin G, Whittington MD, Wright A, McKenna A, Richardson M, Rind DM. Ensifentrine for the treatment of chronic obstructive pulmonary disease: Effectiveness and value. Institute for Clinical and Economic Review, July 16, 2024. https://icer.org/assessment/copd-2024/.
11. Lipson DA, Barnhart F, Brealey N, et al. Once-daily single-inhaler triple versus dual therapy in patients with COPD. N Engl J Med. 2018;378(18):1671-1680.
12. Liu Y, Carlson SA, Watson KB, Xu F, Greenlund KJ. Trends in the prevalence of chronic obstructive pulmonary disease among adults aged ≥ 18 years - United States, 2011–2021. MMWR Morb Mortal Wkly Rep. 2023;72:1250-256. doi: http://dx.doi.org/10.15585/mmwr.mm7246a1.
13. Ohtuvayre. Package insert. Verona Pharma; June 2024.
14. Singh D, Martinez FJ, Watz H, Bengtsson T, Maurer BT. A dose-ranging study of the inhaled dual phosphodiesterase 3 and 4 inhibitor ensifentrine in COPD. Respir Res. 2020;21(1):47. doi: 10.1186/s12931-020-1307-4.

## Approval And Revision History

October 2024: Reviewed by the Pharmacy & Therapeutics Committee.

Subsequent endorsement date(s) and changes made:

- May 12, 2026: No changes. Administrative update to template to remove CareLink from the Medical Necessity Guideline template.

## Background, Product and Disclaimer Information

Pharmacy Medical Necessity Guidelines have been developed for determining coverage for plan benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. The plan makes coverage decisions on a case-by-case basis considering the individual member's health care needs. Pharmacy Medical Necessity Guidelines are developed for selected therapeutic classes or drugs found to be safe, but proven to be effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. The plan revises and updates Pharmacy Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Pharmacy Medical Necessity Guideline and a self-insured Member’s benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of members. The use of this policy is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, and adherence to plan policies and procedures and claims editing logic.