

Clinical Policy Title:	ensifentrine
Policy Number:	RxA.881
Drug(s) Applied:	Ohtuvayre
Original Policy Date:	4/10/25
Last Review Date:	12/11/2025
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Chronic obstructive pulmonary disease (COPD) (must meet all):

1. Diagnosis of COPD;
2. Trial and failure of all the following, used for at least 3 months, unless contraindicated or clinically adverse effects are experienced;
 - a. LAMA
 - b. LABA
 - c. ICS
3. At least one (1) exacerbation requiring hospitalization in the past 12 months or at least two (2) exacerbations treated with short-acting bronchodilator AND an oral corticosteroid in the past 12 months.

Approval duration

All Lines of Business (except Medicare): 12 months

II. Continued Therapy Approval

A. Auto-approval based on lookback functionality within the past 120 days as a proxy for members responding positively to therapy with RxAdvance initial approval.

Approval duration

All Lines of Business (except Medicare): 12 months

References

1. Ohtuvayre Package Insert. <https://dailymed.nlm.nih.gov/dailymed/getFile.cfm?setid=e6433c98-41a0-4f99-8f7f-d0e9db6e3f40&type=pdf>

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	4/10/25	4/10/25
Policy reviewed	12/11/2025	12/11/2025

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.