

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

ensifentrine (Ohtuvayre)

Notes:

- Quantity Limits: Yes

Initiation (new start) criteria: Non-formulary **ensifentrine (Ohtuvayre)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescriber is a pulmonologist
- Patient has a diagnosis of chronic obstructive pulmonary disorder (COPD)
- Patient does not smoke or vape (tobacco, cannabis) based on prescriber determination.
- Patient has a history of use of and will continue on, or has a contraindication or failure to, the following therapies and combinations:
 - i. LABA (long-acting beta-2-agonist) or LAMA (long-acting antimuscarinic), with or without an ICS (inhaled corticosteroid)
 - ii. LABA + LAMA combination, with or without an ICS

Criteria for *new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:* Non-formulary **ensifentrine (Ohtuvayre)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescriber is a pulmonologist
- Patient has a diagnosis of chronic obstructive pulmonary disorder (COPD)
- Patient reports they do not smoke or vape (tobacco, cannabis).
- Patient is using ensifentrine (Ohtuvayre) in combination with, or has a contraindication or failure to, the following therapies and combinations:
 - i. LABA (long-acting beta-2-agonist) or LAMA (long-acting antimuscarinic), with or without an ICS (inhaled corticosteroid)
 - ii. LABA + LAMA combination, with or without an ICS