

Ensifentrine

Goals:

- Promote use that is consistent with national clinical practice guidelines and medical evidence in people with COPD.

Length of Authorization:

- Up to 12 months

Covered Alternatives:

- Preferred alternatives listed at <http://www.orpd.org/drugs/>

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code	
2. Is this a request for continuation of therapy previously approved by the FFS program?	Yes: Go to Renewal Criteria	No: Go to #3
3. Does the patient have COPD?	Yes: Go to #4	No: Pass to RPh. Deny for medical appropriateness
4. Does the patient have an active prescription for a long-acting bronchodilator (long-acting anticholinergic agent or long-acting beta-agonist) or an inhaled corticosteroid (ICS)?	Yes: Go to #5	No: Pass to RPh. Deny; recommend trial of preferred long-acting bronchodilator and ICS
5. Is the prescriber a specialist in respiratory medicine or is the request in consultation with a specialist?	Yes: Approve for up to 12 months	No: Pass to RPh. Deny for medical appropriateness

Renewal Criteria		
1. Does the provider attest that the patient's condition improved with ensifentrine treatment?	Yes: Approve for 12 months.	No: Pass to RPh. Deny for medical appropriateness

P&T/DUR Review: 12/24 (DM)
 Implementation: 3/10/25