Prescribing OHTUVAYRE in New York

Ohtuvayre® (ensifentrine) Inhalation Suspension 3 mg/2.5 mL

Verona Pathway Plus®

New York practitioners are mandated to electronically prescribe both controlled and non-controlled substances. The steps below will walk you through the process of prescribing **OHTUVAYRE** through Verona Pathway Plus® (VPP).

Step 1

OHTUVAYRE must be prescribed through VPP
- Fax the Prescription Form for **OHTUVAYRE** to **833-392-8999**
  - If needed, download the Prescription Form for **OHTUVAYRE** at OhtuvayreHCP.com under "Resources".

Step 2

VPP will complete a benefits investigation and fax a Summary of Benefits to you, which includes the patient's in-network Specialty Pharmacy.

Step 3

The Specialty Pharmacy will contact you to obtain ePrescriptions for both **OHTUVAYRE** and any needed supplies, per New York state prescribing laws.

Specialty Pharmacy Network for **OHTUVAYRE**	NPI	NCPDP	Fax	Phone
PromptCare	1891754602	1717315	866-997-2211	866-386-8347
CenterWell Specialty Pharmacy	1942441886	3677955	833-982-2367	866-835-8192
CVS Specialty Pharmacy	1043382302	3958898	800-323-2445	800-237-2767
DirectRx Specialty Pharmacy	1194725705	2359239	877-892-4007	855-362-3397

Questions? Call VPP at (833) 372-8492, Monday to Friday, 8 AM to 8 PM ET.

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Search for OHTUVAYRE
NDC: 83034-003-60

Select the strength and dosage form
3-mg ampule (2.5 mL)

Enter the quantity to be dispensed
60 ampules for 30 days
NOTE: Please enter 150 mL for a 30-day supply in EMR systems that require the total quantity.

Enter the number of refills
11 will provide a 1-year supply

Enter the prescription instructions
3 mg (one unit-dose ampule) twice daily, once in the morning and once in the evening, administered by oral inhalation using a standard jet nebulizer with a mouthpiece.

Include the following additional prescription for any needed supplies
ICD-10-CM diagnosis codes
- Necessary Durable Medical Equipment (DME)[1]
  - E0570 - Standard Jet Compressor
  - A7005 - Administration Set (Refill 2)

Provide the most recent clinical notes as attachments[2]
CMS requires clinical documentation that supports the medical necessity to administer **OHTUVAYRE** for a covered condition.
- The medical record should contain the patient's name, diagnosis code, name of the medication, and the provider's signature (electronic is appropriate).

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References: 1. Local coverage determination - nebulizers. Medicare Coverage Database (MCD). Centers for Medicare & Medicaid Services. Updated February 12, 2026. Accessed April 8, 2026. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33370 **2.** Standard documentation requirements for all claims submitted to DME MACs (A55426). Centers for Medicare & Medicaid Services. January 1, 2017. Updated January 1, 2024. Accessed March 23, 2026. https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=55426