

**Yupelri (revefenacin inhalation solution)  
Effective 12/01/2021**

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> MassHealth (PUF) <input type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

**Overview**

Yupelri (revefenacin) inhalation solution is a maintenance treatment of chronic obstructive pulmonary disease (COPD).

**Coverage Guidelines**

Authorizations requests will be reviewed on a case by case basis for members new to AllWays Health Partners who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

**OR**

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

**Yupelri® (revefenacin inhalation solution)**

Prescriber provides documentation of **ALL** of the following:

1. The member has a diagnosis of COPD
2. Member ≥18 years of age
3. Member meets **ONE** of the following:
  - a. Member has a claim for a nebulized respiratory product and no claims for inhalers within the last month
  - b. Clinical rationale for nebulized formulation (*See Appendix I: Medical Necessity for Nebulized Formulations*)
4. Physician documented inadequate response, adverse reaction or contraindication to ipratropium inhalation nebulizer solution
5. Yupelri® (revefenacin), quantity limit of 90 mL per month

**Continuation criteria:**

Reauthorization requires physician documentation of continuation of therapy and positive response to therapy. Claims history should demonstrate utilization of the medication.

### Limitations

1. Approvals and reauthorizations will be granted for 12 months.
2. The following quantity limits apply:

Yupelri® (revefenacin)	90mL per 30 days
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### Appendix I: Medical Necessity for Nebulized Formulations

- Manual dexterity issues preventing the use of an inhaler formulation.
- Member has tried inhaled formulations with an inadequate response that had resulted in the member being hospitalized.
- Difficulty manipulating inhaler in the setting of tracheostomy.
- Difficulty manipulating inhaler during severe, acute asthma attacks.

### References

N/A

### Review History

09/22/2021: Created and Reviewed; Previously Yupelri was on MH UPPL criteria for “inhaled respiratory agents” and removed 7/2021. Yupelri moved to separate criteria. Effective 12/01/2021

### Disclaimer

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