

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Revefenacin (Yupelri)

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

- Prescriber is a Pulmonologist
- Patient is at least 18 years of age
- Diagnosis of COPD
- Either of the following:
 - i. Patient has documented contraindication, intolerance, or treatment failure with a tiotropium containing drug **-OR-**
 - ii. Patient is unable to use a handheld device (non-nebulized) due to physical and/or cognitive limitation
- Either of the following:
 - i. Despite drug therapy with an alternative nebulized bronchodilator (e.g., ipratropium, albuterol/ipratropium, formoterol), patient remains symptomatic and over the past 12 months has experienced: at least 2 moderate exacerbations of COPD (requiring antibiotics and/or systemic corticosteroids) and/or 1 severe exacerbation of COPD requiring hospitalization **-OR-**
 - ii. Patient has contraindications or anticipated adverse effects to other nebulized bronchodilators (e.g., ipratropium, albuterol/ipratropium, formoterol) that would not be expected with nebulized revefenacin.