UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for Lonhala Magnair, Yupelri

Program	Prior Authorization
Medication	Lonhala Magnair (glycopyrrolate inhalation solution), Yupelri (revefenacin inhalation solution)
Markets in Scope	California, Hawaii, Maryland, Nevada, New Jersey, New York, New York EPP, Pennsylvania- CHIP, Rhode Island, South Carolina
Issue Date	9/2018
Pharmacy and Therapeutics Approval Date	8/2020
Effective Date	10/2020

1. Background:

Lonhala Magnair (glycopyrrolate inhalation solution) and Yupelri (revefenacin inhalation solution) are nebulized long acting antimuscarinic (anticholinergic) agents indicated for the long-term maintenance treatment of airflow obstruction in patients with chronic obstructive pulmonary disease (COPD).

2. Coverage Criteria:

A. Initial Authorization

1. **Lonhala Magnair and Yupelri** will be approved based on **all** of the following criteria:

   a. Diagnosis of moderate to severe chronic obstructive pulmonary disease (COPD)

   -AND-

   b. **One** of the following:

      1) History of failure, contraindication or intolerance to Incruse Ellipta (umeclidinium)

      -OR-

      2) **Both** of the following:

a) Patient is unable to use a metered-dose, dry powder or slow mist inhaler (e.g. Incruse Ellipta) to control his/her COPD due to **one** of the following:

i) Cognitive or physical impairment limiting coordination of handheld devices (e.g., cognitive decline, arthritis in the hands) (Document impairment)
ii) Patient is unable to generate adequate inspiratory force (e.g., peak inspiratory flow rate (PIFR) resistance is <60 L/min)

-AND-

b) History of failure, contraindication or intolerance to ipratropium nebulized solution (generic Atrovent)

Authorization will be issued for 12 months

B. Reauthorization

1. **Lonhala Magnair and Yupelri** will be approved based on the following criterion:

a. Documentation of positive clinical response to therapy

Authorization will be issued for 12 months

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

1. Global strategy for the diagnosis, management and prevention of COPD. Global Initiative for Chronic Obstructive Lung Disease (GOLD). 2020.
2. Lonhala Magnair [package insert]. Marlborough, MA: Sunovian Pharmaceuticals Inc.; June 2019.
3. Yupelri [package insert]. Morgantown, WV: Mylan Specialty L.P.; May 2019.
4. Ferguson GT, Goodin T, Tosiello R, et al. Long-term safety of glycopyrrolate/eFlow CS in moderate-to-very severe COPD: results from the glycopyrrolate for obstructive lung disease via electronic nebulizer (GOLDEN) 5 randomized study. *Respiratory Medicine* 132; 2017:251-60.

5. Wise RA, Acevedo RA, Anzueto AR, et al. Guiding principles for the use of nebulized long-acting beta2-agonists in patients with COPD: An expert panel consensus. *Chronic Obstr Pulm Dis* 2017; 4(1): 7-20

Program	Prior Authorization – Lonhala Magnair, Yupelri
Change Control	
Date	Change
9/2018	New program
1/2019	Added Yupelri to the criteria.
8/2020	Annual review. Updated references and removed step through Seebri Neohaler due to removal from the market.