

UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2021 P 2151-6
Program	Prior Authorization/Medical Necessity
Medication	Lonhala Magnair (glycopyrrolate inhalation solution)*, Yupelri (revefenacin inhalation solution)
P&T Approval Date	9/2018, 1/2019, 7/2019, 8/2020, 11/2020, 11/2021
Effective Date	2/1/2022; Oxford only: 2/1/2022

**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<sup>a</sup>:**

**A. Initial Authorization**

1. **Lonhala Magnair\*** 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 **all** of the following:

- a) Incruse Ellipta (umeclidinium)
- b) Spiriva Handihaler or Respimat (tiotropium)
- c) Yupelri (revefenacin inhalation solution)

- 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, Spiriva Respimat) 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 Yupelri (revefenacin inhalation solution)

**Authorization will be issued for 12 months**

- 2. **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 **both** of the following:

- a) Incruse Ellipta (umeclidinium)
- b) Spiriva Handihaler or Respimat (tiotropium)

- OR-

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

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

**Authorization will be issued for 12 months**

**B. Reauthorization**

- 1. **Lonhala Magnair\*** or **Yupelri** will be approved based on the following criterion:

a. Documentation of positive clinical response to therapy

**Authorization will be issued for 12 months**

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

**\*Lonhala Magnair is typically excluded from coverage**

**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). 2021.
2. Lonhala Magnair [package insert]. Marlborough, MA: Sunovian Pharmaceuticals Inc. August 2020.
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/Medical Necessity – Lonhala Magnair, Yupelri
<b>Change Control</b>	
Date	Change
9/2018	New program
1/2019	Added Yupelri to the criteria.
7/2019	Removed ipratropium as a step 1 option, added Yupelri as step 1 option prior to Lonhala Magnair and noted that Lonhala Magnair is typically excluded from coverage.
8/2020	Annual review. Updated references and removed step through Seebri Neohaler due to removal from the market.
10/2020	Formatting update.
11/2021	Annual review. Updated references.