

PA Criteria	Criteria Details						
<b>Covered Uses (FDA approved indication)</b>	Yupelri is an anticholinergic indicated for the maintenance treatment of patients with chronic obstructive pulmonary disease (COPD).						
<b>Exclusion Criteria</b>	None.						
<b>Required Medical Information</b>	Medical records supporting the request must be provided, including documentation of prior therapies and responses to treatment.						
<b>Age Restriction</b>	None.						
<b>Prescriber Restrictions</b>	None.						
<b>Coverage Duration</b>	Up to two years. Dose will be approved according to the FDA-approved labeling or within accepted standards of medical practice.						
<b>Other Criteria/Information</b>	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="500 894 1513 1041"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J7677</td> <td>Yupelri (revefenacin)</td> <td><b>Billing unit: 1mcg</b>  175 mcg/3 mL SDV</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J7677	Yupelri (revefenacin)	<b>Billing unit: 1mcg</b>  175 mcg/3 mL SDV
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	8/21/2025	Pharmacy & Therapeutics (P&T) Committee	8/21/2025