YUPELRI is the first and only once-daily nebulized LAMA, for a full 24 hours of lung function improvement[1]

Learn more about appropriate patient types

Indication

YUPELRI® inhalation solution is indicated for the maintenance treatment of patients with chronic obstructive pulmonary disease (COPD).

Important Safety Information

YUPELRI is contraindicated in patients with hypersensitivity to revefenacin or any component of this product.

YUPELRI should not be initiated in patients during acutely deteriorating or potentially life-threatening episodes of COPD, or for the relief of acute symptoms, i.e., as rescue therapy for the treatment of acute episodes of bronchospasm. Acute symptoms should be treated with an inhaled short-acting beta$_2$-agonist.

Please see full Important Safety Information on back cover.

ONCE-DAILY
YUPELRI®
revefenacin inhalation solution

Relief that matters

Many of your uncontrolled patients may be candidates for nebulized therapy

	PRESENTATION	MEDICAL HISTORY	CURRENT COPD TREATMENT	TREATMENT GOAL
 **ROBERT struggles with his inhalers*** **44% of COPD patients** self-reported having arthritis. Arthritis or other **manual dexterity issues** may prevent patients from using handheld inhalers properly[3]	• FEV_1 ≈50% predicted • GOLD Group C • Worsening morning cough and shortness of breath	• 23-pack-year smoking history • Osteoarthritis with poor hand-grip strength	• Handheld maintenance inhaler • Handheld rescue inhaler	• Seeks a different way to take his maintenance treatment so he can feel more confident he is getting the right amount of medication
 **SUSAN is experiencing cognitive decline*** **As many as one-third** of COPD patients were classified as having either borderline or **impaired cognitive functioning**,[4-6†] which can be a common barrier to correct inhaler administration[3,6,7]	• FEV_1 ≈45% predicted • GOLD Group C • Shortness of breath, fatigue, and disrupted sleep	• 20-pack-year smoking history • Cognitive decline: mild dementia	• Handheld maintenance inhaler • Nebulized rescue therapy	• Caregiver expresses need for simplified delivery, requiring less hand-breath coordination
 **DIANE is experiencing worsening of symptoms on her short-acting bronchodilator*** Many COPD patients are undertreated, and **over half** do not receive the **GOLD recommended maintenance medications**[8,9]	• FEV_1 ≈70% predicted • GOLD Group B • Difficulties walking without stopping to catch her breath	• 20-pack-year smoking history • Strong secondhand smoke exposure from husband • Osteoarthritis with poor hand-grip strength	• Nebulized short-acting bronchodilator	• Prefers nebulization and desires reliable symptom control
 **KEN is transitioning from hospital to home care*** **Only 6%** of patients with severe COPD used their inhaler therapy regularly and with **correct technique** a majority of the time in the month following hospital discharge[6]	• FEV_1 ≈46% predicted • GOLD Group C • Hospitalized due to acute exacerbation	• 29-pack-year smoking history • 3 exacerbations in the past 12 months	• Preadmission: handheld maintenance and rescue inhalers • During admission: transitioned to nebulized maintenance and rescue therapies	• Desires one type of delivery system while maintaining symptom control
 **MARIA has insufficient inspiratory force*** **Approximately 19%** of patients with advanced COPD and ≥60 years of age have **insufficient inspiratory effort**[10‡]; in turn, they may not be able to inhale medications using a handheld inhaler effectively[11]	• FEV_1 ≈73% predicted • GOLD Group B • Exertional dyspnea	• 15-pack-year smoking history • Strong secondhand smoke exposure as a child	• Handheld maintenance inhaler • Nebulized rescue therapy	• Desires reliable symptom control

*Not an actual patient.
†On tests measuring psychomotor speed and executive control functioning.
‡Defined as lower than 60 L/min.

YUPELRI is the first and only once-daily nebulized LAMA, for a full 24 hours of lung function improvement[1]*

Proven 24-hour control[1]
Responses as early as 30 minutes[2]

Once-daily dosing[1]
Administered with any standard jet nebulizer with a mouthpiece

Up to 100% of patients with Medicare Part B are covered†
J-CODE J7677

YUPELRI was studied in two 12-week, randomized, double-blind, placebo-controlled, parallel-group confirmatory studies (Studies 1 and 2) to evaluate the efficacy of once-daily YUPELRI vs placebo in patients with moderate to very severe COPD.[1]

The primary endpoint was change from baseline in trough (predose) FEV_1 at day 85 vs placebo: YUPELRI demonstrated a statistically significant difference vs placebo in Study 1 (146 mL, *P*<.0001 [YUPELRI, n=189; placebo, n=191]) and Study 2 (147 mL, *P*<.0001 [YUPELRI, n=181; placebo, n=187]).[1,2]

*In addition, a prespecified exploratory analysis was performed using serial spirometry on a substudy population over 24 hours on days 84/85. In Study 1, LS mean changes from baseline in FEV_1 ranged from 55.8 mL to 240.4 mL in the YUPELRI group (n=45), and from -113.6 mL to 59.6 mL in the placebo group (n=44). In Study 2, LS mean changes from baseline in FEV_1 ranged from 19.8 mL to 148.5 mL in the YUPELRI group (n=44), and from -176.4 mL to -13.0 mL in the placebo group (n=39).[2]

An exploratory analysis of the time to achieve a 100 mL increase in FEV_1 on day 1 showed that the median time to achieve an increase in FEV_1 of 100 mL was 30 minutes in Study 1 (30 to 60 minutes) and Study 2 (30 to 90 minutes).[2]

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As with other inhaled medicines, YUPELRI can produce paradoxical bronchospasm that may be life-threatening. If paradoxical bronchospasm occurs following dosing with YUPELRI, it should be treated immediately with an inhaled, short-acting bronchodilator. YUPELRI should be discontinued immediately and alternative therapy should be instituted.

YUPELRI should be used with caution in patients with narrow-angle glaucoma. Patients should be instructed to immediately consult their healthcare provider if they develop any signs and symptoms of acute narrow-angle glaucoma, including eye pain or discomfort, blurred vision, visual halos or colored images in association with red eyes from conjunctival congestion and corneal edema.

Worsening of urinary retention may occur. Use with caution in patients with prostatic hyperplasia or bladder-neck obstruction and instruct patients to contact a healthcare provider immediately if symptoms occur.

Immediate hypersensitivity reactions may occur after administration of YUPELRI. If a reaction occurs, YUPELRI should be stopped at once and alternative treatments considered.

The most common adverse reactions occurring in clinical trials at an incidence greater than or equal to 2% in the YUPELRI group, and higher than placebo, included cough, nasopharyngitis, upper respiratory infection, headache and back pain.

Coadministration of anticholinergic medicines or OATP1B1 and OATP1B3 inhibitors with YUPELRI is not recommended.

YUPELRI is not recommended in patients with any degree of hepatic impairment.

Please see accompanying Full Prescribing Information.

References: 1. YUPELRI [package insert]. Morgantown, WV: Mylan Specialty L.P.; May 2019. **2.** Data on file. **3.** Hanania NA, Braman S, Adams SG, et al. The role of inhalation delivery devices in COPD: perspectives of patients and health care providers. *Chronic Obstr Pulm Dis.* 2018;5(2):111-123. **4.** Schure MB, Borson S, Nguyen HQ, et al. Associations of cognition with physical functioning and health-related quality of life among COPD patients. *Respir Med.* 2016;114:46-52. **5.** Baird C, Lovell J, Johnson M, et al. The impact of cognitive impairment on self-management in chronic obstructive pulmonary disease: a systematic review. *Respir Med.* 2017;129:130-139. **6.** Sulaiman I, Cushen B, Greene G, et al. Objective assessment of adherence to inhalers by patients with chronic obstructive pulmonary disease. *Am J Respir Crit Care Med.* 2017;195(10):1333-1343. **7.** Wise RA, Acevedo RA, Anzueto AR, et al. Guiding principles for the use of nebulized long-acting $beta_2$-agonists in patients with COPD: an expert panel consensus. *Chronic Obstr Pulm Dis.* 2016;4(1):7-20. **8.** Celli B, Navaie M, Xu Z, Cho-Reyes S, Dembek C, Gilmer TP. Medication management patterns among Medicare beneficiaries with chronic obstructive pulmonary disease who initiate nebulized arformoterol treatment. *Int J Chron Obstruct Pulmon Dis.* 2019;14:1019-1031. **9.** Diette GB, Dalal AA, D'Souza AO, Lunacsek OE, Nagar SP. Treatment patterns of chronic obstructive pulmonary disease in employed adults in the United States. *Int J Chron Obstruct Pulmon Dis.* 2015;10:415-422. **10.** Mahler DA, Waterman LA, Gifford AH. Prevalence of COPD phenotype for a suboptimal peak inspiratory flow rate against the simulated resistance of the Diskus® dry powder inhaler. *J Aerosol Med Pulm Drug Deliv.* 2013;26(3):174-179. **11.** Sharma G, Mahler DA, Mayorga VM, et al. Prevalence of low peak inspiratory flow rate at discharge in patients hospitalized for COPD exacerbation. *Chronic Obstr Pulm Dis.* 2017;4(3):217-224.

†This is not a guarantee of coverage. Site of Care will determine coverage. Check with your patient's insurance provider for coverage rules and restrictions. In certain limited instances, YUPELRI may be covered through a patient's Medicare Part D pharmacy benefit.

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