For patients with COPD who seek symptom relief, YUPELRI is the first and only once-daily nebulized LAMA that delivers a full 24 hours of lung function improvement.[1]

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 page 15.
Please see Medicare Part B coverage information on page 17.

ONCE-DAILY
YUPELRI®
revefenacin inhalation solution

RETHINK RELIEF

It is important to discuss changes in symptoms and risk factors with your patients

Common symptoms of COPD[2]

- Persistent airflow limitation
- Chronic sputum production
- Chronic cough
- Dyspnea

Prompt, frequent, and routine assessment is essential in order to determine appropriate management and to identify complications or comorbidities[2]

The burden of chronic obstructive pulmonary disease is substantial and growing

16M Estimated number of US adults with COPD in 2018[3]

Up to 50% of cases of COPD are not diagnosed[4]

24M Adjusted US prevalence due to potential underdiagnoses[4]

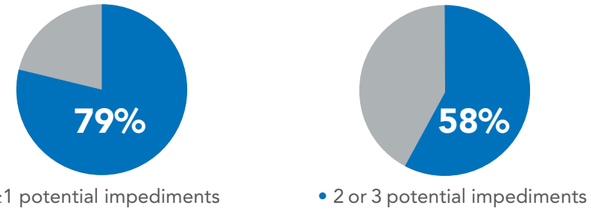
155% Projected increase of COPD in the US and Canada from 2010 to 2030[5]

Many patients experience conditions that can potentially impede optimal device technique[6]*

Nearly 80% of patients report ≥1 condition that may potentially impede optimal device technique

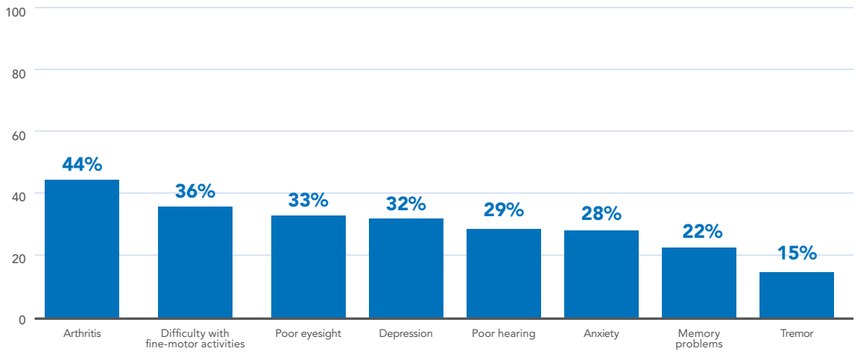
Percentage of patients reporting potential impediments to optimal device technique (N=499)

ACCP SURVEY



- ≥1 potential impediments
- 2 or 3 potential impediments

Conditions associated with potential impediments reported



Selected responses from an AACP-developed, quantitative, web-based, descriptive, cross-sectional survey of 499 patients with COPD in the United States. Survey participants were aged 55 to 74 years, predominantly former smokers, and were randomly chosen from a panel of individuals with self-identified COPD.

The frequency of correct inhaler technique has not changed over a 40-year period.[7]

Data were extracted from 144 articles reporting on a total of 54,354 subjects performing 59,584 observed tests of technique. Fifty-four studies reported data on patients with asthma, 14 on patients with COPD, and the remaining 76 on both types of patients together or on patients with unspecified airway disease.[7]

***The relationship between patient conditions, device type, and medication efficacy has not been established.**

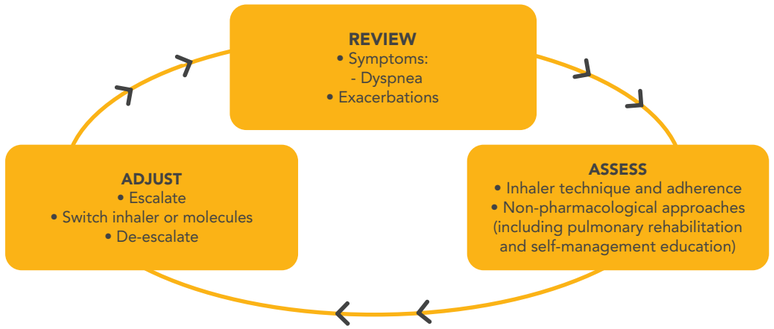
The GOLD report recommends patient reassessment at each interaction[2*]

The GOLD 2022 report recommends: ***"Maintenance therapy with long-acting bronchodilators should be initiated as soon as possible before hospital discharge."****

THE REFINED ABCD ASSESSMENT TOOL

Following implementation of therapy, patients should be reassessed for attainment of treatment goals and identification of any barriers to successful treatment.

MANAGEMENT CYCLE



Patients should be assessed at every opportunity, especially when experiencing worsening of symptoms

mMRC=Modified Medical Research Council; CAT=COPD Assessment Test.
*GOLD does not endorse any specific treatments.

Consider a range of patient characteristics* and preferences for nebulized therapy

Individual patient characteristics and clinical presentation play an important role in shaping your patients' treatment[8]

- **Lifestyle preferences, changes, and constraints (eg, finances, mobility)**
- **Comorbidities**
- **Physical limitations and cognitive issues**
- **Disease progression**

When evaluating a treatment option for patients with COPD, important considerations include[9,10]:

- Ability to use the selected device correctly
- Need for multiple therapies
- Patients' preference and satisfaction
- Patients' individual insurance coverage and out-of-pocket costs for drug and/or nebulizer
- Availability of specific drug and device pairings

Shared decisions among healthcare providers and patients may help achieve better treatment outcomes.[8]

Some patients may not know about all available options. Ask them what they prefer and assess what delivery device may be appropriate[11]

*The relationship between patient conditions, device type, and medication efficacy has not been established.

Many of your uncontrolled COPD patients may be candidates for nebulized therapy

Patients should be reassessed at every opportunity[2]

	PRESENTATION	MEDICAL HISTORY	CURRENT COPD TREATMENT	TREATMENT GOAL
 **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.[12†]	• 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
 **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**.[13,14]	• 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
 **SUSAN is experiencing cognitive decline*** **As many as one-third** of COPD patients were classified as having either borderline or **impaired cognitive functioning**,[12,15,16‡] which can be a common barrier to correct inhaler device administration.[6,12†]	• 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
 **ROBERT struggles with using his inhaler*** **44% of COPD patients** self-reported having arthritis. Arthritis or other **manual dexterity issues** may prevent patients from using inhaler devices properly.[6†]	• 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 in his therapy
 **MARIA has suboptimal inspiratory force*** **Approximately 19%** of patients with advanced COPD and ≥60 years of age have **impaired inspiratory effort**.[17§] Inspiratory flow is an important factor to consider when choosing a delivery device.[18†]	• 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

FEV_1=forced expiratory volume.
*Not an actual patient.
‡On tests measuring psychomotor speed and executive control functioning.[15]
§Defined as lower than 60 L/min.[17]

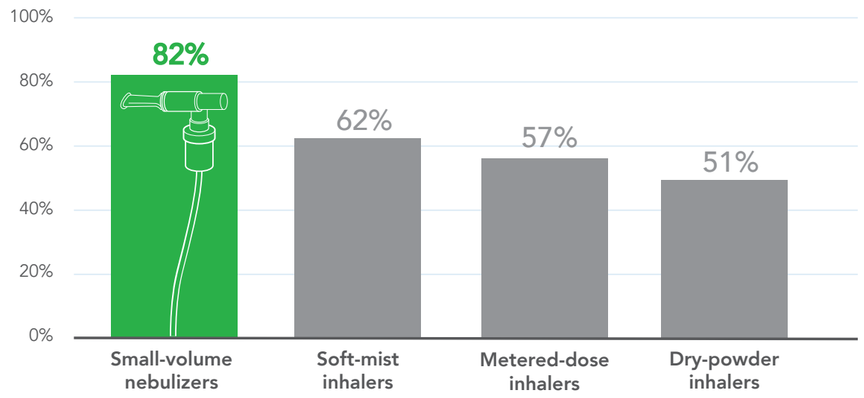
†The relationship between patient conditions, device type, and medication efficacy has not been established.

Consider the role of nebulizers in COPD maintenance therapy

Nebulizers: A user-friendly option for patients with COPD[19]

- Nebulizers require only **normal tidal breathing** and do not require extra effort to generate adequate inspiratory force[6,20,21]
- No hand–breath coordination is needed[6,22]
- Today's nebulizers include compact, portable, and low-cost options for most patients[23,24]

Percent of patients reporting they were very confident about medication delivery by device type[6]



Selected responses from a quantitative, web-based, descriptive, cross-sectional survey of 499 patients with COPD in the United States. Survey participants were aged 55 to 74 years, predominantly former smokers, and were randomly chosen from a panel of individuals with self-identified COPD.

- 61% to 69% of patients believed that they used their device correctly all the time. Patients using small-volume nebulizers were the most confident[6]

Jet nebulizers are commonly available[19]

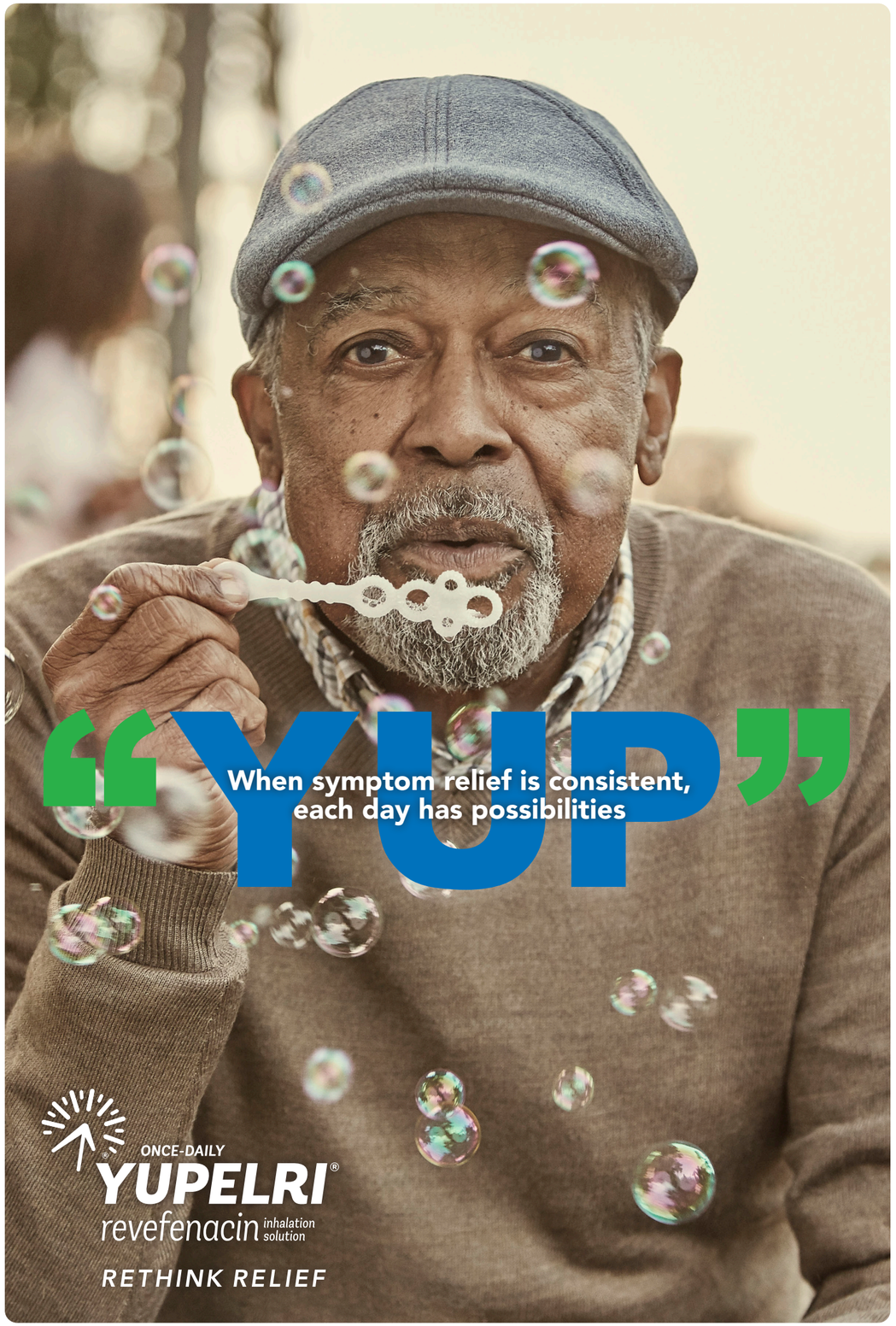
Jet nebulizers: Considered standard among all nebulizer types

- Most are 100% covered as durable medical equipment (DME) through Medicare Part B[25]

Among patients with COPD in the United States: **~45%** **have a nebulizer at home[20]**

These data are referenced from a 2008 survey.

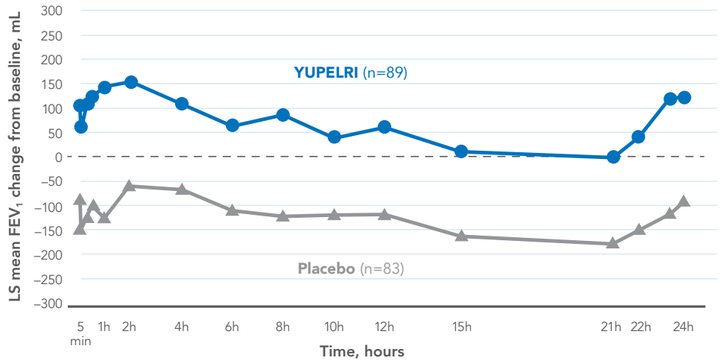
Based on the estimated prevalence of COPD in the US, several million patients use nebulizers on a regular basis[20]



YUPELRI delivers a full 24 hours of efficacy in a single nebulized daily dose[1]

- 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 YUPELRI vs placebo in patients with moderate to very severe COPD

YUPELRI delivers consistent improvement in FEV_1 vs placebo over 24 hours on days 84/85[1,26]



In Studies 1 and 2, serial spirometry was performed on a substudy population. Pooled results are shown.

Primary efficacy endpoint was change from baseline in trough (predose) FEV_1 at day 85 vs placebo.

- In Studies 1 and 2, a prespecified exploratory analysis was performed. In Study 1, LS mean changes from baseline in FEV_1 ranged from 55.8 mL to 240.4 mL in the YUPELRI group, and from –113.6 mL to 59.6 mL in the placebo group. In Study 2, LS mean changes from baseline in FEV_1 ranged from 19.8 mL to 148.5 mL in the YUPELRI group, and from –176.4 mL to –13.0 mL in the placebo group[26]

Once-daily dosing[1]

Patients responded in as early as 30 minutes[26]*

24-hour duration[1]

LS=least squares.

*An exploratory analysis of the time to achieve a 100 mL increase in FEV_1 on day 1 showed that the median (95% CI) 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)[26]

Indication

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

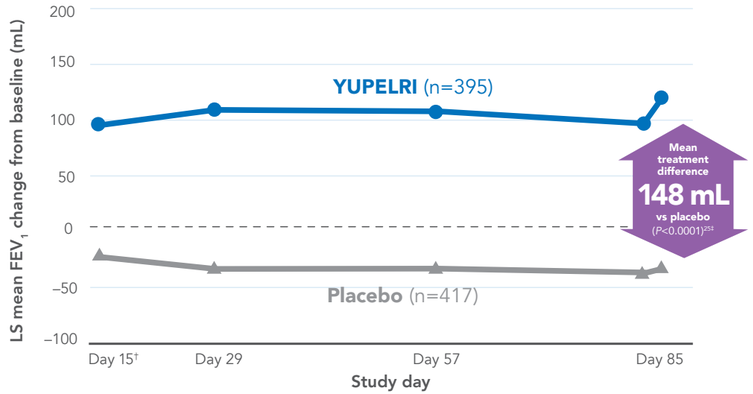
Important Safety Information

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

Please see full Important Safety Information on page 15.

YUPELRI delivers consistent control* over 12 weeks

Consistent improvements† in trough FEV_1 over the 12-week study period[1,26]



Pooled data from Studies 1 and 2. Primary efficacy endpoint: change from baseline in trough (predose) FEV_1 at day 85 vs placebo. A secondary endpoint, overall treatment effect (OTE), showed trough FEV_1 across the 12-week study.

*See below for Studies 1 and 2: Primary endpoints.
†The first measurement was taken at 2 weeks.[26]
‡LS mean difference from placebo (SE) is 148.1 mL (16.8). Pooled estimate adjusts the LS mean for placebo as well.[26]

Studies 1 and 2: Primary endpoints[26]

- In Study 1, LS mean change from baseline in trough FEV_1 on day 85 was 127 mL (YUPELRI, n=198) and –19 mL (placebo, n=209), with a statistically significant difference vs placebo of 146 mL (P<0.0001)
- In Study 2, LS mean change from baseline in trough FEV_1 on day 85 was 103 mL (YUPELRI, n=197) and –45 mL (placebo, n=208), with a statistically significant difference vs placebo of 147 mL (P<0.0001)

Studies 1 and 2: Patient characteristics[1]

- Mean age of 64 years (range, 41–88 years); mean smoking history of 53 pack-years (48% current smokers); moderate to very severe COPD (mean post-bronchodilator % predicted FEV_1 of 55%)
- 37% of patients studied were on concomitant LABA or ICS/LABA therapy

ONCE-DAILY YUPELRI® revefenacin inhalation solution

RETHINK RELIEF

Important Safety Information

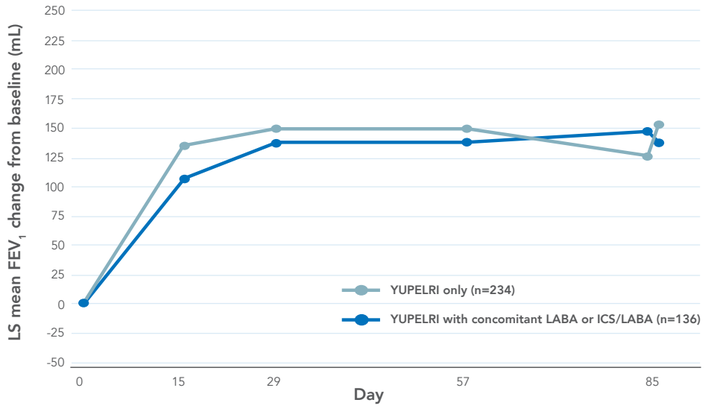
YUPELRI should not be initiated in patients during acutely deteriorating or potentially life-threatening episodes of COPD, or for the relief of acute symptoms, i.e., as rescue therapy for the treatment of acute episodes of bronchospasm. Acute symptoms should be treated with an inhaled short-acting $beta_2$-agonist.

Please see full Important Safety Information on page 15.

YUPELRI improved lung function over 12 weeks, as monotherapy and in concomitant use with LABA or ICS/LABA[26]

Studies 1 and 2: Pooled subgroup analysis

Placebo-adjusted LS mean difference in trough FEV_1 over the 12-week study course



These pooled analyses are adequately powered and robust (derived from appropriate statistical tests, pre-specified in the statistical analysis plan, with type 1 error controlled using a hierarchical testing strategy), allowing for conclusions to be drawn about the OTE of YUPELRI in patients with or without concomitant LABA-containing therapy (i.e., LABA or LABA/ICS).

Studies 1 and 2: Pooled subgroup analysis of primary endpoint

YUPELRI only:

- LS mean change from baseline in trough FEV_1 on day 85 was 117.66 mL (YUPELRI, n=192) and –33.27 mL (placebo, n=207), with a statistically significant difference vs placebo (P<0.0001)
- LS mean difference from placebo was 150.93 mL (95% CI, 110.26–191.61)

YUPELRI with concomitant LABA or ICS/LABA:

- LS mean change from baseline in trough FEV_1 on day 85 was 111.82 mL (YUPELRI, n=118) and –27.37 mL (placebo, n=89), with a statistically significant difference vs placebo (P<0.0001)
- LS mean difference from placebo was 139.19 mL (95% CI, 82.87–195.51)

Note: The safety and efficacy of mixing therapies with YUPELRI in a nebulizer is not established.

Health-related quality of life (HRQoL) with once-daily YUPELRI

- In Study 1, the St. George's Respiratory Questionnaire (SGRQ) responder rate for the YUPELRI treatment arm on day 85 was 49% compared to 34% for placebo (odds ratio=2.11; 95% CI, 1.14–3.92)[1]*
- In Study 2, the SGRQ responder rate for the YUPELRI treatment arm was 45% compared to 39% for placebo (odds ratio=1.31; 95% CI, 0.72–2.38)[1]
- The clinical relevance of this data is unknown

*SGRQ is a validated, patient-reported, disease-specific instrument designed to measure symptom improvement, activities of daily living, and social interaction for a total score. A change of 4 units improvement in the SGRQ is considered a minimum clinically important difference.[27]

The safety profile of YUPELRI has been demonstrated in 3 clinical studies[1]

- Safety database included 2285 patients with COPD in two 12-week efficacy studies and one 52-week long-term safety study
- A total of 730 patients received YUPELRI 175 mcg once daily

Adverse events from two 12-week placebo-controlled efficacy trials (N=813)

Adverse events ≥2% incidence and higher than placebo

ADVERSE EVENT	YUPELRI (n=395)	Placebo (n=418)
Cough	17 (4%)	17 (4%)
Nasopharyngitis	15 (4%)	9 (2%)
Upper respiratory tract infection	11 (3%)	9 (2%)
Headache	16 (4%)	11 (3%)
Back pain	9 (2%)	3 (1%)

Fewer patients discontinued treatment with YUPELRI (13%) than with placebo (19%)

Safety results from a 52-week, long-term trial vs tiotropium (N=1055)

- YUPELRI was studied in a 52-week, open-label, active-control safety study in patients with COPD (YUPELRI 175 mcg/day, n=335; tiotropium 18 mcg/day, n=356)
- The adverse reactions reported in the long-term safety trial were consistent with those observed in the 12-week placebo-controlled studies

Important Safety Information

Indication

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

Important Safety Information

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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.

ONCE-DAILY YUPELRI® revefenacin inhalation solution

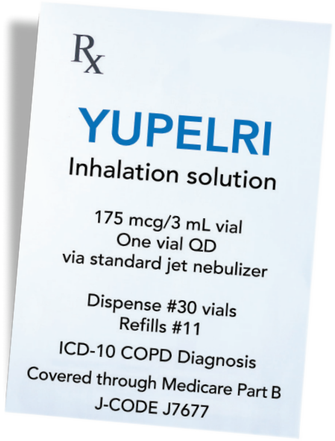
RETHINK RELIEF

Please see accompanying Full Prescribing Information.

Once-daily YUPELRI is the only LAMA you can use with any standard jet nebulizer[1]

Administered in approximately 8 minutes once daily* to conveniently fit in your patients' day

- Recommended dose of YUPELRI is one 175 mcg unit-dose vial **once daily**
  - Administered by a standard jet nebulizer using a mouthpiece
  - Connected to an air compressor
- No dosage adjustment is required for geriatric patients or patients with renal impairment
- YUPELRI is not recommended in patients with any degree of hepatic impairment
- Drug compatibility (physical and chemical), efficacy, and safety of YUPELRI when mixed with other drugs in a nebulizer have not been established
- No refrigeration needed
  - Store at room temperature from 68 °F to 77 °F (20 °C to 25 °C); excursions permitted from 59 °F to 86 °F (15 °C to 30 °C)



Not actual size.

Single-use vials

- Unlike MDIs, SMIs, or DPIs, may avoid wasted medication: 1 vial per day of stay[28]

*Using the PARI LC® Sprint nebulizer connected to a PARI Trek® S compressor under *in vitro* conditions.

Important Safety Information

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.

Please see full Important Safety Information on page 15.

Comprehensive coverage for your YUPELRI patients

YUPELRI is covered for up to 100% for patients who have Medicare Part B*

- For patients with **supplemental** insurance (over **80%** of beneficiaries), coinsurance costs can be as low as $0
- Medicare Part B covers most nebulizers as DME (durable medical equipment) for patient use at home[25]

J-CODE J7677

YUPELRI 30-Day Trial Voucher Program†

For new patients prescribed YUPELRI at hospital discharge:

- Free, 30-day trial supply for new-to-therapy patients
- Redeemable at retail, hospital, and specialty outpatient pharmacies

Request vouchers from your Theravance Sales Representative.

Certain terms, conditions, and limitations apply. A valid prescription must be attached to the voucher. To continue a patient on therapy, a separate prescription will be needed. Vouchers cannot be redeemed at a DME supplier.

YUPELRI may be covered under individual insurance plans

Not an actual card.

- Commercially insured patients may be eligible to save on their out-of-pocket costs with the YUPELRI Patient Savings Card‡
- Eligible, commercially insured patients may save up to $550 per 30-day prescription up to 12 times per calendar year, with a max yearly savings of $6,600

Learn more at YUPELRIHCP.com

YUPELRI patients who are uninsured may be able to receive their medication free of charge§

For more information, please direct patients to email or call:

customer.service@viatris.com

1-800-796-9526

*No 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.

†Vouchers can be used by only one patient, one time. Ask your representative for a detailed list of terms, conditions, and limitations.

‡Please see full terms and conditions at YUPELRIHCP.com. This offer is not valid for patients covered by Medicare, Medicaid, or any other federal or state-funded healthcare program or where prohibited by law. Mylan Specialty L.P., a Viatris Company reserves the right to amend or end this program at any time without notice.

§Patients must meet financial and other program-specific criteria to be eligible for assistance.

ONCE-DAILY YUPELRI® revefenacin inhalation solution

RETHINK RELIEF

A LAMA that can transition from inpatient to outpatient care[1]

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

Proven 24-hour control[1]

Responses as early as 30 minutes[26]

Demonstrated safety profile[1]

Fewer discontinuations with YUPELRI (13%) vs placebo (19%)

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)

For patients with supplemental insurance (over 80% of beneficiaries), coinsurance costs can be as low as $0

*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.

Important Safety Information

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Please see full Important Safety Information on page 15.

Learn more at YUPELRIHCP.com

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