

<b>POLICY NAME</b>	Yupelri (revefenacin)	<b>POLICY #</b>	2691P
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## Criteria

### Coverage Criteria

- ☐ Documented diagnosis of Chronic Obstructive Pulmonary Disease (COPD)
- ☐ Documented failure, severe intolerance, or contraindication to TWO long-acting muscarinic-receptor- antagonist (LAMA) inhalers such as Atrovent HFA, Tudorza Pressair, Spiriva Respimat, or Incruse Ellipta.