Pharmacy Drug Policy Checklist

POLICY NAME	Yupelri (revefenacin)	POLICY #	2691P

Criteria

Coverage Criteria

- ☐ **1.1** Documented diagnosis of Chronic Obstructive Pulmonary Disease (COPD)
- ☐ **1.2** 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.