

## Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Daliresp (roflumilast) under the patient's prescription drug benefit.

# **Description:**

Daliresp (roflumilast) is indicated as a treatment to reduce the risk of COPD exacerbations in patients with severe COPD associated with chronic bronchitis and a history of exacerbations.

Limitations of Use

Daliresp (roflumilast) is not a bronchodilator and is not indicated for the relief of acute bronchospasm.

Daliresp (roflumilast) 250 mcg is a starting dose, for the first 4 weeks of treatment only and is not the effective (therapeutic) dose.

### **Applicable Drug List:**

Roflumilast

### **Policy/Guideline:**

The requested drug will be covered with prior authorization when the following criteria are met:

• The requested drug is being prescribed to reduce the risk of chronic obstructive pulmonary disease (COPD) exacerbations in a patient with severe COPD associated with chronic bronchitis and a history of exacerbations

### **Approval Duration and Quantity Restrictions:**

### Approval: 12 months

### **References:**

- 1. Daliresp [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; March 2019.
- 2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Waltham, MA: UpToDate, Inc.; 2024. https://online.lexi.com. Accessed July 31, 2024.
- 3. Micromedex<sup>®</sup> (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 07/31/2024).