

PRIOR AUTHORIZATION CRITERIA

BRAND NAME
(generic)

DALIRESP
(roflumilast)

Status: CVS Caremark Criteria
Type: Initial Prior Authorization

Ref # 646-A

POLICY

FDA-APPROVED INDICATIONS

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

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

COVERAGE CRITERIA

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

REFERENCES

1. Daliresp [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; March 2019.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2022; Accessed August 22, 2022.
3. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com>. Accessed August 22, 2022.