

POLICY NAME	Daliresp (roflumilast)	POLICY #	1819P
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Criteria

Coverage Criteria

- ☐ 1.1 Documented diagnosis of chronic obstructive pulmonary disease (COPD)
- ☐ 1.2 Documented failure on triple inhaler therapy (inhaled corticosteroid (ICS), long acting muscarinic antagonist (LAMA), long acting beta2 agonist (LABA)) as supported by the GOLD Guidelines