Pharmacy Drug Policy Checklist

POLICY NAME	Daliresp (roflumilast)	POLICY #	1819P

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