

<b>POLICY NAME</b>	Daliresp (roflumilast)	<b>POLICY #</b>	1819P
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## Criteria

### Coverage Criteria

- ☐ Documented diagnosis of chronic obstructive pulmonary disease (COPD)
- ☐ 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