

Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Roflumilast (Daliresp)

Notes:

- *Chronic bronchitis: presence of daily cough with sputum production for at least 3 months of the year in each of 2 consecutive years.

Initiation (new start) criteria: Non-formulary **roflumilast (Daliresp)** will be covered on the prescription drug benefit when the following criteria are met:

- Diagnosis of COPD associated with chronic bronchitis*
- Two or more acute exacerbations requiring treatment with systemic corticosteroids in the past 12 months **OR** an acute COPD exacerbation requiring hospitalization in the past 12 months
- Treatment optimized with inhaled anticholinergic, long-acting beta-agonist, and inhaled corticosteroid

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