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

1. Diagnosis of COPD associated with chronic bronchitis*
2. Post-bronchodilator FEV1 less than 50% or FEV1/FVC less than 0.7
3. Two or more exacerbations requiring treatment with systemic corticosteroids in the past 12 months
4. Treatment optimized with inhaled anticholinergic and inhaled corticosteroid + long-acting beta-agonist
5. BMI 18.5 or over
6. No diagnosis of depression on problem list AND depression screen negative
7. No significant liver disease
8. No active diarrheal disease
9. Prescribed by or in consultation with a Pulmonology or Allergy specialist

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