PRIOR AUTHORIZATION WITH STEP THERAPY POLICY

POLICY: Pulmonary – Roflumilast Prior Authorization with Step Therapy Policy
- Daliresp® (roflumilast tablets – Astra Zeneca, generic)

REVIEW DATE: 02/04/2026

INSTRUCTIONS FOR USE

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CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Roflumilast tablets (Daliresp, generic), a selective phosphodiesterase-4 inhibitor, is indicated as a treatment to reduce the risk of **chronic obstructive pulmonary disease** (COPD) exacerbations in patients with severe COPD associated with chronic bronchitis and a history of exacerbations.[1]

Limitations of use: Roflumilast is not a bronchodilator and is not indicated for the relief of acute bronchospasm.

Clinical Efficacy

Roflumilast has been studied in patients currently receiving treatment with bronchodilators (e.g., long-acting beta$_2$-agonists [LABAs]) and inhaled corticosteroids (ICSs) with or without additional therapy with a long-acting muscarinic antagonist (LAMA).[2-7] Five placebo-controlled clinical trials evaluated the effect of roflumilast on COPD exacerbations.[1-7] Two of these studies initially included

patients with severe COPD with chronic bronchitis and/or emphysema; in both studies, roflumilast did not demonstrate a significant reduction in COPD exacerbation rates. An exploratory analysis of these trials found that in the subgroup of patients with severe COPD who had chronic bronchitis and exacerbations within the previous year, roflumilast resulted in better exacerbation reduction than in the overall population. Two subsequent trials were conducted involving patients with severe COPD, chronic bronchitis, and at least one COPD exacerbation within the previous year. In both trials, roflumilast demonstrated a significant reduction in the rate of moderate or severe exacerbations compared to placebo.

Guidelines

The Global Initiative for Chronic Obstructive Lung Disease guidelines for the diagnosis, management, and prevention of COPD (2026) recommend bronchodilators as initial pharmacologic treatment.[8] Following initiation, therapies should be adjusted as needed based on symptom severity and exacerbation risk. ICSs are recommended for patients who experience one or more moderate to severe COPD exacerbations on their current inhaled therapy and who have elevated blood eosinophils. Roflumilast is a recommended therapy option in patients who continue to experience exacerbations despite inhaled therapy in patients who have symptoms of chronic bronchitis, who have a forced expiratory volume in 1 second (FEV_1) < 50%, and who have a history of a prior severe exacerbation (i.e., requiring hospitalization). It is recommended in addition to ICS/LAMA/LABA therapy or in addition to LAMA/LABA therapy in patients who have a blood eosinophil level < 100 cells/microliter. Low blood eosinophils are predictive of an insufficient response to ICS therapy, thereby making roflumilast a more attractive option for add-on therapy.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of roflumilast tablets (Daliresp, generic). This Prior Authorization Policy also contains a Step Therapy component. When clinically appropriate, the patient is directed to try generic roflumilast (Step 1) prior to brand Daliresp (Step 2). If the patient is requesting brand Daliresp and meets the standard *Pulmonary – Roflumilast PA Policy* criteria but has not met the Step Therapy requirement (i.e. has not tried generic roflumilast), an approval for generic roflumilast will be authorized. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days.

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is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

FDA-Approved Indication

1. **Chronic Obstructive Pulmonary Disease (COPD).** Approve for the duration noted if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve for 6 months if the patient meets the following (i, ii, iii, iv, and v):

i. Patient has a forced expiratory volume in 1 second (FEV_1) < 50% predicted; AND

ii. Patient has a history of two or more moderate COPD exacerbations or one or more severe COPD exacerbations, according to the prescriber; AND
Note: A moderate COPD exacerbation is an exacerbation that required treatment with a short-acting bronchodilator and a systemic corticosteroid. A severe COPD exacerbation is an exacerbation that required hospitalization or an Emergency Department visit.

iii. Patient has chronic bronchitis; AND

iv. Patient meets ONE of the following (a or b):

a) Patient has tried an inhaled long-acting $beta_2$-agonist, an inhaled long-acting muscarinic antagonist, and an inhaled corticosteroid concomitantly; OR
Note: Use of single-entity inhalers or a combination inhaler containing multiple agents from the medication classes listed would fulfill the requirement. Refer to the **Appendix** for examples of inhaled therapies used for COPD.

b) Patient meets both of the following (1 and 2):

1) Patient has a blood eosinophil level < 100 cells/microliter; AND

2) Patient has tried an inhaled long-acting muscarinic antagonist and long-acting $beta_2$-agonist concomitantly;AND
Note: Use of single-entity inhalers or a combination inhaler containing multiple agents from the medication classes listed would fulfill the requirement. Refer to the **Appendix** for examples of inhaled therapies used for COPD.

v. If brand Daliresp is being requested, the patient meets both of the following criteria (a and b):

a) Patient has tried generic roflumilast; AND

b) Brand Daliresp is being requested due to a formulation difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] between the Brand and the corresponding generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; OR

B) Patient is Currently Receiving Roflumilast (Daliresp, generic). Approve for 1 year if the patient meets the following (i, ii, and iii):

i. If brand Daliresp is being requested, the patient meets both of the following criteria (a and b):

a) Patient has tried generic roflumilast; AND

b) Brand Daliresp is being requested due to a formulation difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] between the Brand and the corresponding generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; AND

ii. Patient continues to receive combination therapy with an inhaled long-acting $beta_2$-agonist and a long-acting muscarinic antagonist; AND

Note: Use of single-entity inhalers or a combination inhaler containing multiple agents from the medication classes listed would fulfill the requirement. Refer to the **Appendix** for examples of inhaled therapies used for COPD.

iii. Patient has experienced a beneficial clinical response, defined by ONE of the following (a, b, c, d, or e):
- **a)** Reduced COPD symptoms; OR
- **b)** Reduced COPD exacerbations; OR
- **c)** Reduced COPD-related hospitalizations; OR
- **d)** Reduced emergency department or urgent care visits; OR
- **e)** Improved lung function parameters.

CONDITIONS NOT COVERED

- **Daliresp® (roflumilast tablets - Astra Zeneca, generic)**

is(are) considered not medically necessary for ANY other use(s) including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

1. **Asthma.** The efficacy of roflumilast (formulation not specified) in patients with asthma[9-11], allergic asthma[12,13], and exercise-induced asthma[14] has been evaluated. More data are needed to define the place in therapy of roflumilast in the treatment of asthma. Current asthma guidelines do not address roflumilast as a recommended therapy for asthma management.[15,1]

REFERENCES

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HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	01/17/2024
Annual Revision	**Chronic Obstructive Pulmonary Disease.** The following changes were made: • Criteria were divided into Initial and Continuation criteria. Initial approval duration was updated to 6 months if the patient meets the existing criteria. • The requirement that the patient have severe COPD or very severe COPD, according to the prescriber was changed to require the patient have a forced expiratory volume in 1 second (FEV_1) < 50% predicted. • The requirement that the patient have a history of exacerbations was updated to require the patient to have a history of two or more moderate COPD exacerbations or one or more severe COPD exacerbations, according to the prescriber. A Note was added to clarify that a moderate COPD exacerbation is an exacerbation that required treatment with a short-acting bronchodilator and a systemic corticosteroid. A severe COPD exacerbation is an exacerbation that required hospitalization or an Emergency Department visit. • The requirement that the patient has chronic bronchitis was changed to apply to all patients. Previously, this requirement only applied to patients who were receiving inhaled therapy with a long-acting $beta_2$-agonist, a long-acting muscarinic antagonist, and an inhaled corticosteroid. • The Notes regarding other therapies tried were updated to clarify that use of single-entity inhalers, as well as a combination inhaler fulfills the requirement. Previously, the Notes stated that a combination inhaler fulfilled the requirement. • Continuation criteria were added to approve roflumilast (Daliresp, generic) for 1 year if the patient has tried generic roflumilast (if brand Daliresp is requested), if the patient continues to receive combination therapy with an inhaled long-acting $beta_2$-agonist and a long-acting muscarinic antagonist, and the patient has experienced a beneficial clinical response as defined by reduced COPD symptoms, exacerbations, hospitalizations, emergency department or urgent care visits, or improved lung function parameters.	02/12/2025
Selected Revision	**Policy Statement** was updated to add "If the patient is requesting brand Daliresp and meets the standard *Pulmonary – Roflumilast PA*	02/19/2025

	Policy criteria but has not met the Step Therapy requirement (i.e. has not tried generic roflumilast), an approval for generic roflumilast will be authorized."	
Annual Revision	**Policy Statement** was updated to add "In cases where the approval is authorized in months, 1 month is equal to 30 days." **Appendix** was updated to reflect the availability of authorized generics to Arnuity Ellipta, Flovent Diskus, Flovent HFA, Breo Ellipta, and Anoro Ellipta.	02/04/2026

Appendix

Brand (Generic Name)	Mechanism of Action
Serevent® Diskus® (salmeterol xinafoate inhalation powder)	LABA
Striverdi® Respimat® (olodaterol inhalation spray)	LABA
Brovana® (arformoterol tartrate inhalation solution, generic)	LABA
Perforomist® (formoterol fumarate inhalation solution, generic)	LABA
Incruse® Ellipta® (umeclidinium inhalation powder)	LAMA
Spiriva® HandiHaler® (tiotropium bromide inhalation powder, generic)	LAMA
Spiriva® Respimat® (tiotropium bromide inhalation spray)	LAMA
Tudorza® Pressair® (aclidinium bromide inhalation powder)	LAMA
Lonhala® Magnair® (glycopyrrolate inhalation solution) [discontinued]	LAMA
Yupelri® (revefenacin inhalation solution)	LAMA
Alvesco® (ciclesonide inhalation aerosol)	ICS
ArmonAir® Digihaler® (fluticasone propionate inhalation powder) [discontinued]	ICS
Arnuity® Ellipta® (fluticasone furoate inhalation powder, authorized generic)	ICS
Asmanex® HFA (mometasone inhalation aerosol)	ICS
Asmanex® Twisthaler® (mometasone inhalation powder)	ICS
Flovent® Diskus® (fluticasone propionate inhalation powder, authorized generic) [brand discontinued]	ICS
Flovent® HFA (fluticasone propionate inhalation aerosol, authorized generic) [brand discontinued]	ICS
Pulmicort Flexhaler® (budesonide inhalation powder)	ICS
Qvar® RediHaler® (beclomethasone HFA inhalation aerosol)	ICS
Pulmicort Respules® (budesonide inhalation suspension, generic)	ICS
Advair Diskus® (fluticasone propionate/salmeterol inhalation powder, generic [including Wixela Inhub®])	ICS/LABA
Breo® Ellipta® (fluticasone furoate/vilanterol inhalation powder, authorized generic)	ICS/LABA
Symbicort® (budesonide/formoterol fumarate inhalation aerosol, generic [including Breyna®)	ICS/LABA
Anoro® Ellipta® (umeclidinium and vilanterol inhalation powder, authorized generic)	LAMA/LABA
Bevespi Aerosphere® (glycopyrrolate and formoterol fumarate inhalation aerosol)	LAMA/LABA
Duaklir® Pressair® (aclidinium bromide and formoterol fumarate inhalation powder)	LAMA/LABA
Stiolto® Respimat® (tiotropium bromide and olodaterol inhalation spray)	LAMA/LABA
Breztri Aerosphere® (budesonide, glycopyrrolate, and formoterol fumarate inhalation aerosol)	ICS/LAMA/LABA
Trelegy® Ellipta® (fluticasone furoate, umeclidinium, and vilanterol inhalation powder)	ICS/LAMA/LABA

LABA – Long-acting beta$_2$-agonist; LAMA – Long-acting muscarinic antagonist; ICS – Inhaled corticosteroid.