Attachment I



Office of Pharmacy Service Prior Authorization Criteria

Daliresp (roflumilast)

Prior authorization requests for Daliresp will be approved if the following criteria are met:

- 1. Patient is ≥40 years of age
- 2. Diagnosis of severe chronic obstructive pulmonary disease (COPD) associated with chronic bronchitis and an exacerbation requiring hospitalization or systemic glucocorticoids in the preceding six (6) months FEV1 ≤ 50% predicted and nonreversible obstructive lung disease (FEV1/FVC ≤ 70% and ≤12% or 200 ml improvement in FEV1 in response to 4 puffs albuterol)
- 3. No evidence of moderate to severe liver impairment (Child-Pugh Class B or C)
- 4. No concurrent rifampin therapy
- Concurrent therapy with an inhaled corticosteroid and long-acting bronchodilator

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PL Detail-Document, New Drug: Daliresp (Roflumilast). Pharmacist'sLetter/Prescriber's Letter. July 2011.