



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service
Prior Authorization Criteria

Daliresp® (roflumilast)
[Prior Authorization Request Form](#)

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

1. Patient is forty (40) years of age or older; **AND**
2. Diagnosis of severe chronic obstructive pulmonary disease (COPD)* associated with chronic bronchitis and multiple exacerbations requiring systemic glucocorticoids in the preceding six (6) months; **AND**
3. No evidence of moderate to severe liver impairment (Child-Pugh Class B or C); **AND**
4. No concurrent use with strong cytochrome P450 inhibitors (rifampicin, phenobarbital, carbamazepine or phenytoin); **AND**
5. Concurrent therapy with an inhaled corticosteroid and long-acting bronchodilator and evidence of compliance

**FEV1 \leq 50% predicted and nonreversible obstructive lung disease (FEV1/FVC \leq 70% and \leq 12% or 200 ml improvement in FEV1 in response to 4 puffs albuterol)*

PI Forest Pharmaceuticals, Inc.
Subsidiary of Forest Laboratories, Inc.
St. Louis, MO 63045, USA

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

Review and Approved
DUR Board 09/21/2011