PRIOR AUTHORIZATION WITH STEP THERAPY POLICY

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

REVIEW DATE: 01/17/2024

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 (2024) 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 continue to experience COPD exacerbations and who have elevated blood eosinophils. Roflumilast is listed as a possible therapeutic option in patients with chronic bronchitis who are receiving triple therapy with an ICS/LAMA/LABA, who have a forced expiratory volume in 1 second (FEV_1) < 50%, and who continue to experience exacerbations (especially if the patient has been hospitalized for one or more COPD exacerbations in the past year). This therapy is also recommended in patients who continue to experience exacerbations despite LAMA/LABA combination therapy and 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). All approvals are provided for the duration noted below.

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

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 1 year if the patient meets the following criteria (A, B, C, and D):
   - **A)** Patient has severe COPD or very severe COPD, according to the prescriber; AND
   - **B)** Patient has a history of exacerbations; AND
   - **C)** Patient meets ONE of the following (i or ii):
     - **i.** Patient meets both of the following (a and b):
       - **a)** Patient has chronic bronchitis; AND
       - **b)** 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 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.

ii. Patient meets both of the following (a and b):

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

b) Patient has tried an inhaled long-acting muscarinic antagonist and long-acting beta$_2$-agonist concomitantly.

Note: Use of 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.

D) If brand Daliresp is being requested, the patient meets both of the following criteria (i and ii):

i. Patient has tried generic roflumilast; AND

ii. 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.

CONDITIONS NOT COVERED

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

is(are) considered experimental, investigational, or unproven 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.[15,16]

2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

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HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	Existing prior authorization criteria in the "Pulmonary – Roflumilast Prior Authorization Policy" were leveraged and a step therapy component was added to require the generic roflumilast prior to brand Daliresp.	01/11/2023
Annual Revision	No criteria change.	01/17/2024

APPENDIX

Brand (Generic Name)	Mechanism of Action
Arcapta® Neohaler® (indacaterol inhalation powder)	LABA
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
Seebri® Neohaler® (glycopyrrolate 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)	LAMA

Yupelri® (revefenacin inhalation solution)	LAMA
Alvesco® (ciclesonide inhalation aerosol)	ICS
ArmonAir® Digihaler® (fluticasone propionate inhalation powder)	ICS
Arnuity® Ellipta® (fluticasone furoate inhalation powder)	ICS
Asmanex® HFA (mometasone inhalation aerosol)	ICS
Asmanex® Twisthaler® (mometasone inhalation powder)	ICS
Flovent® Diskus® (fluticasone propionate inhalation powder, generic)	ICS
Flovent® HFA (fluticasone propionate inhalation aerosol, generic)	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, generic)	ICS/LABA
Symbicort® (budesonide/formoterol fumarate inhalation aerosol, generic [including Breyna®)	ICS/LABA
Anoro® Ellipta® (umeclidinium and vilanterol inhalation powder)	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
Utibron® Neohaler® (indacaterol and glycopyrrolate inhalation powder)	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.