PRIOR AUTHORIZATION WITH STEP THERAPY POLICY

POLICY: Pulmonary – Roflumilast Prior Authorization with Step Therapy Policy

• Daliresp® (roflumilast tablets – Astra Zeneca, generic)

REVIEW DATE: 01/11/2023

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. 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 beta₂-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 (2023) 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 (FEV₁) < 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.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

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Coverage of roflumilast tablets (Daliresp, generic) is recommended in those who meet the following criteria:

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 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 beta₂-agonist, an inhaled long-acting muscarinic antagonist, and an inhaled corticosteroid concomitantly; OR
 - <u>Note</u>: Use of a combination inhaler containing multiple agents from the medication classes listed would fulfil the requirement. Refer to the <u>Appendix</u> 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 beta₂-agonist concomitantly.
 - <u>Note</u>: Use of a combination inhaler containing multiple agents from the medication classes listed would fulfil the requirement. Refer to the <u>Appendix</u> 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 RECOMMENDED FOR APPROVAL

Coverage of roflumilast tablets (Daliresp, generic) is not recommended for the following situations:

- **1. Asthma.** The efficacy of roflumilast (formulation not specified) in patients with asthma⁹⁻¹¹, allergic asthma^{12,13}, and exercise-induced asthma¹⁴ 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. ¹⁵⁻¹⁷
- **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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Type of Revision	Summary of Changes	Review Date
New Policy	Existing prior authorization criteria in the "Pulmonary - Roflumilast Prior	01/11/2023
	Authorization Policy" were leveraged and a step therapy component was added to	
	require the generic roflumilast prior to brand Daliresp.	

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APPENDIX

 $LABA-Long-acting\ beta {\tiny 2-agonist};\ LAMA-Long-acting\ muscarinic\ antagonist;\ ICS-Inhaled\ corticosteroid.$