

SENTARA HEALTH PLANS

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; **fax to 1-800-750-9692.** No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

Drug Requested: roflumilast (Daliresp®)

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member Sentara #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Name/Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

Weight (if applicable): _____ Date weight obtained: _____

Recommended Dosage: 250 mcg once daily for 4 weeks, followed by 500 mcg once daily. The initial dose of 250 mcg once daily is recommended for the first 4 weeks of treatment in an attempt to improve tolerability.

Quantity Limit: One tablet daily

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

Initial Authorization: 12 months

- Member has a diagnosis of severe Chronic Obstructive Pulmonary Disease (COPD) confirmed with spirometry (FEV1 <50% predicted)

(Continued on next page)

- ❑ Member has tried and failed at least **ONE** of the following dual or triple-maintenance therapies, unless there is a contraindication or intolerance to these medications, and must have been compliant with therapy **for at least 90 consecutive days** within year of the request (**verified by pharmacy paid claims and/or chart notes**):
 - ❑ Dual therapy with a long-acting muscarinic antagonist (LAMA) (e.g., Spiriva Respimat[®]) and long-acting beta agonist (LABA) (e.g., Advair HFA, Dulera[®])
 - ❑ Triple therapy with a long-acting muscarinic antagonist (LAMA) (e.g., Spiriva Respimat[®]), long-acting beta agonist (LABA) (e.g., Advair HFA, Dulera[®]), and an inhaled corticosteroid (ICS) (e.g., fluticasone propionate)
- ❑ Member is currently being treated with **ONE** of the following unless there is a contraindication or intolerance to these medications and must be compliant on therapy **for at least 90 consecutive days** within year of the request (**verified through paid claims or chart notes**):
 - ❑ Dual therapy with a long-acting muscarinic antagonist (LAMA) (e.g., Spiriva Respimat[®]) and long-acting beta agonist (LABA) (e.g., Advair HFA, Dulera[®])
 - ❑ Triple therapy with a long-acting muscarinic antagonist (LAMA) (e.g., Spiriva Respimat[®]), long-acting beta agonist (LABA) (e.g., Advair HFA, Dulera[®]), and an inhaled corticosteroid (ICS) (e.g., fluticasone propionate)
- ❑ Member must continue to remain on dual or triple maintenance therapy while using roflumilast (Daliresp[®]) (**verified by pharmacy paid claims and/or chart notes**)
- ❑ Medication will **NOT** be used in combination with an oral phosphodiesterase-4 (PDE4) inhibitor or phosphodiesterase-3 (PDE3) inhibitor Ohtuvayre[™] (ensifentrine)

Reauthorization: 12 months. Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

- ❑ Member has experienced a sustained positive clinical response to roflumilast therapy
- ❑ Member is currently being treated with **ONE** of the following unless there is a contraindication or intolerance to these medications (**verified by pharmacy paid claims and/or chart notes**):
 - ❑ Dual therapy with a long-acting muscarinic antagonist (LAMA) (e.g., Spiriva Respimat[®]) and long-acting beta agonist (LABA) (e.g., Advair HFA, Dulera[®])
 - ❑ Triple therapy with a long-acting muscarinic antagonist (LAMA) (e.g., Spiriva Respimat[®]), long-acting beta agonist (LABA) (e.g., Advair HFA, Dulera[®]), and an inhaled corticosteroid (ICS) (e.g., fluticasone propionate)

Not all drugs may be covered under every Plan

If a drug is non-formulary on a Plan, documentation of medical necessity will be required.

Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.

Previous therapies will be verified through pharmacy paid claims or submitted chart notes.