



Drug Coverage Policy

Effective Date.....05/01/2024
Coverage Policy Number..... IP0609
Policy Title.....Roflumilast
for Individual and Family Plans

Pulmonary – Roflumilast for Individual and Family Plans

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

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment and have discretion in making individual coverage determinations. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Cigna Healthcare Coverage Policy

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 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 (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 (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.

Medical Necessity Criteria

Roflumilast tablets (Daliresp, generic) is considered medically necessary when the following criteria are met:

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 had failure, contraindication, or intolerance to an inhaled long-acting beta₂-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 had failure, contraindication, or intolerance to an inhaled long-acting muscarinic antagonist and long-acting beta₂-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) Preferred product criteria is met for the product(s) as listed in the below table(s):

Product	Criteria
Daliresp (roflumilast)	Trial of roflumilast tablets (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Receipt of sample product does not satisfy any criteria requirements for coverage.

Conditions Not Covered

Any other use is considered experimental, investigational, or unproven, 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 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.^{15,16}

References

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15. Global Initiative for Asthma. Global strategy for asthma management and prevention. Updated 2023. Available at: <http://www.ginasthma.org>. Accessed on January 9, 2024.
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Revision Details

Type of Revision	Summary of Changes	Date
New	New policy	05/01/2024

The policy effective date is in force until updated or retired.

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 beta₂-agonist; LAMA – Long-acting muscarinic antagonist; ICS – Inhaled corticosteroid.

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