

DALIRESP (roflumilast) PRIOR AUTHORIZATION FORM *(form effective 01/03/2022)*

Prior authorization guidelines for **COPD Agents** and **Quantity Limits/Daily Dose Limits** are available on Geisinger Health Plan's website at <https://healthplan.geisinger.org/pharmacy/pharmacy.aspx?strip=true&style=OneGeisinger>

<input type="checkbox"/> New request <input type="checkbox"/> Renewal request # of pages: _____		Prescriber name:	
Name of office contact:		Specialty:	
Contact's phone number:		NPI:	State license #:
LTC facility contact/phone:		Street address:	
Beneficiary name:		Suite #:	City/state/zip:
Beneficiary ID#:	DOB:	Phone:	Fax:

CLINICAL INFORMATION

Drug requested:	Daliresp tablet	Strength:	Directions:
Quantity:	Refills:	Diagnosis:	Dx code <i>(required)</i> :

INITIAL Requests

Check all of the following that apply to the beneficiary and this request and SUBMIT DOCUMENTATION for each item.

- Has COPD that is severe according to current GOLD guidelines and based on medical history, physical exam findings, and lung function tests
- Has chronic bronchitis with cough and sputum production for at least 3 months per year in 2 consecutive years
- Other causes of chronic airflow limitations have been excluded, such as asthma, bronchiectasis, heart failure, tuberculosis, etc.
- Experienced more than 2 COPD exacerbations per year that required an ED visit, hospitalization, or use of oral steroids
- Is using or cannot use maximum tolerated doses of the following (in either a single-ingredient or combination product – submit medication list):
 - Inhaled long-acting beta 2 agonist (LABA)
 - Inhaled long-acting anticholinergic/muscarinic antagonist (LAMA)
 - Inhaled corticosteroid (unless beneficiary has an eosinophil count <100 cells/microliter – *submit documentation of lab results*)
- Does not have moderate or severe liver impairment (Child-Pugh B or C)
- Does not have suicidal ideations
- Has a history of suicide attempt(s), bipolar disorder, major depressive disorder, schizophrenia, substance use disorder(s), anxiety disorder(s), borderline personality disorder, and/or antisocial personality disorder
 - Was evaluated and treated for this/these mental health condition(s) by a psychiatrist
 - Is a candidate for treatment with Daliresp as determined by a psychiatrist
- Does not have a history of the above mental health conditions
 - Had a mental health evaluation performed by the prescriber

RENEWAL Requests

Check all of the following that apply to the beneficiary and this request and SUBMIT DOCUMENTATION for each item.

- Frequency of COPD exacerbations has decreased since starting Daliresp
- Does not have suicidal ideations
- Was evaluated for new onset or worsening symptoms of anxiety and depression
 - If applicable, is being treated for these mental health conditions and determined to be a candidate for treatment with Daliresp

Please submit to PromptPA <https://ghp.promptpa.com> OR fax to Geisinger Health Plan at 570-271-5610 the completed form with required clinical documentation.

GHP Family Pharmacy Customer Service
100 N. Academy Ave.
Danville, PA 17822
Tel. • 855•552•6028 PA Relay 711 GeisingerHealthPlan.com



Prescriber Signature:	Date:
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