

## Priority Health Medicare Prior Authorization Criteria (Part D)

### Daliresp®

#### Products affected

- Daliresp®

#### Details

<b>Covered uses</b>	All medically accepted indications not otherwise excluded from Part D.
<b>Exclusion criteria</b>	N/A
<b>Required medical information</b>	Patient must have history of repeated exacerbations (a minimum of 3 exacerbations in the previous 3 years).
<b>Age restrictions</b>	Must be age 18 or older.
<b>Prescriber restrictions</b>	N/A
<b>Coverage duration</b>	One year.
<b>Other criteria</b>	Patient must have a documented trial of at least 4 weeks with an inhaled corticosteroid, patient must have a documented trial and clinical failure with maximally tolerated doses of one inhaled corticosteroid and one long-acting beta agonists.