

**Texas Prior Authorization Program
Clinical Criteria**

Leukotriene Modifiers

Clinical Criteria Information Included in this Document

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- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes)
- **References:** clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

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Zileuton

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Revision Notes

- Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each 'Drug Requiring PA' table



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Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
MONTELUKAST SOD 10MG TABLET	94444
MONTELUKAST SOD 4MG GRANULES	18803
MONTELUKAST SOD 4MG TAB CHEW	42373
MONTELUKAST SOD 5MG TAB CHEW	94440
SINGULAIR 10MG TABLET	94444
SINGULAIR 4MG GRANULES	18803
SINGULAIR 4MG TABLET CHEW	42373
SINGULAIR 5MG TABLET CHEW	94440



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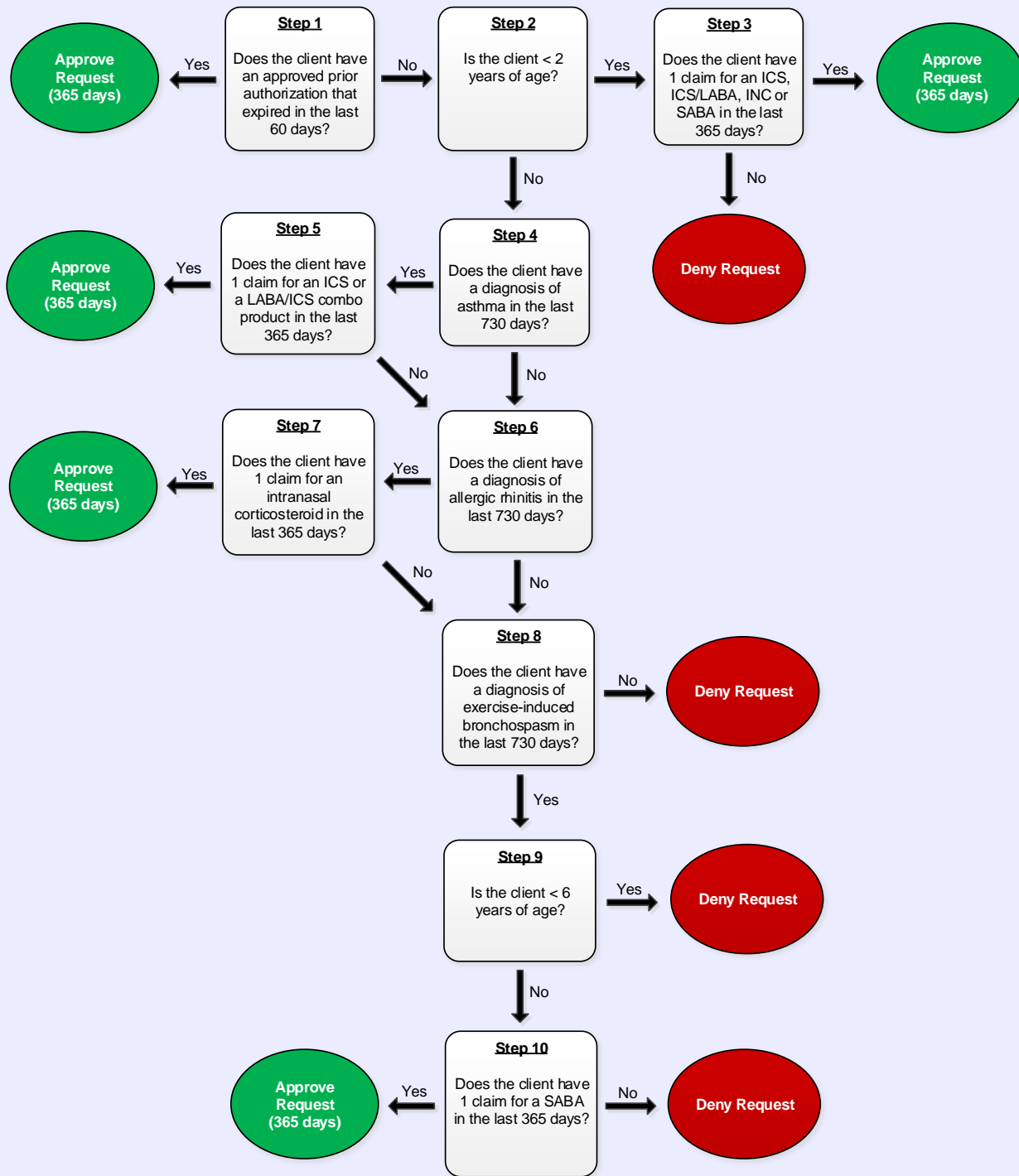
Clinical Criteria Logic

1. Does the client have an approved prior authorization that expired in the last 60 days?
 Yes – Approve (365 days)
 No – Go to #2
2. Is the client less than (<) 2 years of age?
 Yes – Go to #3
 No – Go to #4
3. Does the client have 1 claim for an inhaled corticosteroid (ICS), long-acting beta agonist (LABA)/ICS combination product, intranasal corticosteroid or a short-acting beta agonist (SABA) in the last 365 days?
 Yes – Approve (365 days)
 No – Deny
4. Does the client have a diagnosis of asthma in the last 730 days?
 Yes – Go to #5
 No – Go to #6
5. Does the client have 1 claim for an ICS or a LABA/ICS combination product in the last 365 days?
 Yes – Approve (365 days)
 No – Go to #6
6. Does the client have a diagnosis of allergic rhinitis in the last 730 days?
 Yes – Go to #7
 No – Go to #8
7. Does the client have 1 claim for an intranasal corticosteroid in the last 365 days?
 Yes – Approve (365 days)
 No – Go to #8
8. Does the client have a diagnosis of exercise-induced bronchospasm in the last 730 days?
 Yes – Go to #9
 No – Deny
9. Is the client less than (<) 6 years of age?
 Yes – Deny
 No – Go to #10
10. Does the client have 1 claim for a short-acting beta agonist (SABA) in the last 365 days?
 Yes – Approve (365 days)
 No – Deny



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Clinical Criteria Logic Diagram





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Clinical Criteria Supporting Tables

Step 3 (claim for an ICS, ICS/LABA, INC or SABA) Required quantity: 1 Look back timeframe: 365 days	
Label Name	GCN
ADVAIR 100-50 DISKUS	50584
ADVAIR 250-50 DISKUS	50594
ADVAIR 500-50 DISKUS	50604
ADVAIR HFA 115-21MCG INHALER	97136
ADVAIR HFA 230-21MCG INHALER	97137
ADVAIR HFA 45-21MCG INHALER	97135
AEROSPAN 80MCG INHALER	35718
ALBUTEROL 2.5MG/0.5ML SOLUTION	22697
ALBUTEROL 5MG/ML SOLUTION	41680
ALBUTEROL SUL 0.63MG/3ML SOLUTION	14633
ALBUTEROL SUL 1.25MG/3ML SOLUTION	14634
ALBUTEROL SUL 2.5MG/3ML SOLUTION	41681
ALBUTEROL SULF 2MG/5ML SYRUP	22780
ALBUTEROL SULFATE 2MG TABLET	20100
ALBUTEROL SULFATE 4MG TABLET	20101
ALBUTEROL SULFATE ER 4MG TABLET	24858
ALBUTEROL SULFATE ER 8MG TABLET	24859
ALVESCO 160MCG INHALER	24152
ALVESCO 80MCG INHALER	24149
ARNUITY ELLIPTA 100MCG INHALER	37007
ARNUITY ELLIPTA 200MCG INHALER	37008
ASMANEX TWISTHALR 110MCG #30	99721
ASMANEX TWISTHALR 220MCG #120	18987
ASMANEX TWISTHALR 220MCG #30	24928
ASMANEX TWISTHALR 220MCG #60	24929
BECONASE AQ 0.042% SPRAY	47100
BREO ELLIPTA 100-25MCG INHALER	34647
BREO ELLIPTA 200-25MCG INHALER	35808
BUDESONIDE 0.25MG/2ML	17957

Step 3 (claim for an ICS, ICS/LABA, INC or SABA)	
Required quantity: 1	
Look back timeframe: 365 days	
Label Name	GCN
BUDESONIDE 0.5MG/2ML	17958
BUDESONIDE 32MCG NASAL SPRAY	92231
DULERA 100/5MCG INHALER	28766
DULERA 200/5MCG INHALER	28767
DYMISTA NASAL SPRAY	32099
FLONASE 0.05% NASAL SPRAY	62263
FLOVENT 100MCG DISKUS	53633
FLOVENT 250MCG DISKUS	53634
FLOVENT 50MCG DISKUS	53635
FLOVENT HFA 110MCG INHALER	53636
FLOVENT HFA 220MCG INHALER	53639
FLOVENT HFA 44MCG INHALER	53638
FLUNISOLIDE 0.025% SPRAY	34280
FLUTICASONE PROP 50MCG SPRAY	62263
LEVALBUTEROL 0.31/3ML SOLUTION	15665
LEVALBUTEROL 0.63MG/3ML SOLUTION	24540
LEVALBUTEROL 1.25MG/3ML SOLUTION	24541
LEVALBUTEROL CONC 1.25MG/0.5ML	23146
MAXAIR AUTOHALER 0.2MG AERO	48021
METAPROTERENOL 10MG TABLET	19730
METAPROTERENOL 10MG/5ML SYRUP	19720
METAPROTERENOL 20MG TABLET	19731
NASACORT AQ NASAL SPRAY	01214
NASONEX 50MCG NASAL SPRAY	71431
OMNARIS 50MCG NASAL SPRAY	97453
PROAIR HFA 90MCG INHALER	22913
PROAIR RESPICLICK INHAL POWDER	38212
PROVENTIL HFA 90MCG INHALER	22913
PULMICORT 0.25MG/2ML RESPULE	17957
PULMICORT 0.5MG/2ML RESPULE	17958
PULMICORT 180MCG FLEXHALER	98025
PULMICORT 1MG/2ML RESPULE	62980
PULMICORT 90MCG FLEXHALER	98024
QNASL CHILDRENS 40MCG SPRAY	37654
QNASL 80MCG NASAL SPRAY	31769

Step 3 (claim for an ICS, ICS/LABA, INC or SABA)	
Required quantity: 1	
Look back timeframe: 365 days	
Label Name	GCN
QVAR 40MCG ORAL INHALER	80128
QVAR 80MCG ORAL INHALER	80131
RHINOCORT AQUA NASAL SPRAY	92231
SYMBICORT 160-4.5MCG INHALER	98500
SYMBICORT 80-45MCG INHALER	98499
TERBUTALINE SULFATE 2.5MG TABLET	20072
TERBUTALINE SULFATE 5MG TABLET	20071
TRIAMCINOLONE 55MCG NASAL SPRAY	01214
VENTOLIN HFA 90MCG INHALER	22913
VERAMYST 27.5MCG NASAL SPRAY	98432
XOPENEX 0.31MG/3ML SOLUTION	15665
XOPENEX 0.63MG/3ML SOLUTION	24540
XOPENEX 1.25MG/3ML SOLUTION	24541
XOPENEX CONC 1.25MG/0.5ML CONC	23146
XOPENEX HFA 45MCG INHALER	24422
ZETONNA 37MCG NASAL SPRAY	31275

Step 4 (diagnosis of asthma)	
Required quantity: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
J454	MODERATE PERSISTENT ASTHMA
J4540	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED
J4541	MODERATE PERSISTENT ASTHMA, WITH (ACUTE) EXACERBATION
J4542	MODERATE PERSISTENT ASTHMA, WITH STATUS ASTHMATICUS
J455	SEVERE PERSISTENT ASTHMA
J4550	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED
J4551	SEVERE PERSISTENT ASTHMA, WITH (ACUTE) EXACERBATION
J4552	SEVERE PERSISTENT ASTHMA, WITH STATUS ASTHMATICUS
J459	OTHER AND UNSPECIFIED ASTHMA
J4590	UNSPECIFIED ASTHMA
J45901	UNSPECIFIED ASTHMA, WITH (ACUTE) EXACERBATION
J45902	UNSPECIFIED ASTHMA, WITH STATUS ASTHMATICUS
J45909	UNSPECIFIED ASTHMA, UNCOMPLICATED

Step 4 (diagnosis of asthma)	
Required quantity: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
J4599	OTHER ASTHMA
J45998	OTHER ASTHMA

Step 5 (claim for an ICS or LABA/ICS combination product)	
Required quantity: 1	
Look back timeframe: 365 days	
Label Name	GCN
ADVAIR 100-50 DISKUS	50584
ADVAIR 250-50 DISKUS	50594
ADVAIR 500-50 DISKUS	50604
ADVAIR HFA 115-21MCG INHALER	97136
ADVAIR HFA 230-21MCG INHALER	97137
ADVAIR HFA 45-21MCG INHALER	97135
AEROSPAN 80MCG INHALER	35718
ALVESCO 160MCG INHALER	24152
ALVESCO 80MCG INHALER	24149
ARNUITY ELLIPTA 100MCG INHALER	37007
ARNUITY ELLIPTA 200MCG INHALER	37008
ASMANEX TWISTHALR 110MCG #30	99721
ASMANEX TWISTHALR 220MCG #120	18987
ASMANEX TWISTHALR 220MCG #30	24928
ASMANEX TWISTHALR 220MCG #60	24929
BREO ELLIPTA 100-25 MCG INHALER	34647
BREO ELLIPTA 200-25MCG INHALER	35808
BUDESONIDE 0.25MG/2ML	17957
BUDESONIDE 0.5MG/2ML	17958
DULERA 100/5MCG INHALER	28766
DULERA 200/5MCG INHALER	28767
FLOVENT 100MCG DISKUS	53633
FLOVENT 250MCG DISKUS	53634
FLOVENT 50MCG DISKUS	53635
FLOVENT HFA 110MCG INHALER	53636
FLOVENT HFA 220MCG INHALER	53639
FLOVENT HFA 44MCG INHALER	53638
PULMICORT 0.25MG/2ML RESPULE	17957

Step 5 (claim for an ICS or LABA/ICS combination product)	
Required quantity: 1	
Look back timeframe: 365 days	
Label Name	GCN
PULMICORT 0.5MG/2ML	17958
PULMICORT 180MCG FLEXHALER	98025
PULMICORT 1MG/2ML RESPULE	62980
PULMICORT 90MCG FLEXHALER	98024
QVAR 40MCG ORAL INHALER	80128
QVAR 80MCG ORAL INHALER	80131
SYMBICORT 160-4.5MCG INHALER	98500
SYMBICORT 80-45MCG INHALER	98499

Step 6 (diagnosis of allergic rhinitis)	
Required quantity: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
J301	ALLERGIC RHINITIS DUE TO POLLEN
J302	OTHER SEASONAL ALLERGIC RHINITIS
J308	OTHER ALLERGIC RHINITIS
J3089	OTHER ALLERGIC RHINITIS
J309	ALLERGIC RHINITIS, UNSPECIFIED

Step 7 (claim for an intranasal corticosteroid)	
Required quantity: 1	
Look back timeframe: 365 days	
Label Name	GCN
BECONASE AQ 0.042% SPRAY	47100
BUDESONIDE 32MCG NASAL SPRAY	92231
DYMISTA NASAL SPRAY	32099
FLONASE 0.05% NASAL SPRAY	62263
FLUNISOLIDE 0.025% SPRAY	34280
FLUTICASONE PROP 50MCG SPRAY	62263
NASACORT AQ NASAL SPRAY	01214
NASONEX 50MCG NASAL SPRAY	71431
OMNARIS 50MCG NASAL SPRAY	97453
QNASL CHILDRENS 40MCG SPRAY	37654

Step 7 (claim for an intranasal corticosteroid)	
Required quantity: 1	
Look back timeframe: 365 days	
Label Name	GCN
QNASL 80MCG NASAL SPRAY	31769
RHINOCORT AQUA NASAL SPRAY	92231
TRIAMCINOLONE 55MCG NASAL SPRAY	01214
VERAMYST 27.5MCG NASAL SPRAY	98432
ZETONNA 37MCG NASAL SPRAY	31275

Step 8 (diagnosis of exercise-induced bronchospasm)	
Required quantity: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
J45990	EXERCISE INDUCED BRONCHOSPASM

Step 10 (claim for a SABA)	
Required quantity: 1	
Look back timeframe: 365 days	
Label Name	GCN
ALBUTEROL 2.5MG/0.5ML SOLUTION	22697
ALBUTEROL 5MG/ML SOLUTION	41680
ALBUTEROL SUL 0.63MG/3ML SOLUTION	14633
ALBUTEROL SUL 1.25MG/3ML SOLUTION	14634
ALBUTEROL SUL 2.5MG/3ML SOLUTION	41681
ALBUTEROL SULF 2MG/5ML SYRUP	22780
ALBUTEROL SULFATE 2MG TABLET	20100
ALBUTEROL SULFATE 4MG TABLET	20101
ALBUTEROL SULFATE ER 4MG TABLET	24858
ALBUTEROL SULFATE ER 8MG TABLET	24859
LEVALBUTEROL 0.31/3ML SOLUTION	15665
LEVALBUTEROL 0.63MG/3ML SOLUTION	24540
LEVALBUTEROL 1.25MG/3ML SOLUTION	24541
LEVALBUTEROL CONC 1.25MG/0.5ML	23146
MAXAIR AUTOHALER 0.2MG AERO	48021
METAPROTERENOL 10MG TABLET	19730

Step 10 (claim for a SABA)	
Required quantity: 1	
Look back timeframe: 365 days	
Label Name	GCN
METAPROTERENOL 10MG/5ML SYRUP	19720
METAPROTERENOL 20MG TABLET	19731
PROAIR HFA 90MCG INHALER	22913
PROAIR RESPICLICK INHAL POWDER	38212
PROVENTIL HFA 90MCG INHALER	22913
TERBUTALINE SULFATE 2.5MG TABLET	20072
TERBUTALINE SULFATE 5MG TABLET	20071
VENTOLIN HFA 90MCG INHALER	22913
XOPENEX 0.31MG/3ML SOLUTION	15665
XOPENEX 0.63MG/3ML SOLUTION	24540
XOPENEX 1.25MG/3ML SOLUTION	24541
XOPENEX CONC 1.25MG/0.5ML CONC	23146
XOPENEX HFA 45MCG INHALER	24422

**Zafirlukast****Drugs Requiring Prior Authorization**

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
ACCOLATE 10MG TABLET	52271
ACCOLATE 20MG TABLET	18690
ZAFIRLUKAST 10MG TABLET	52271
ZAFIRLUKAST 20MG TABLET	18690

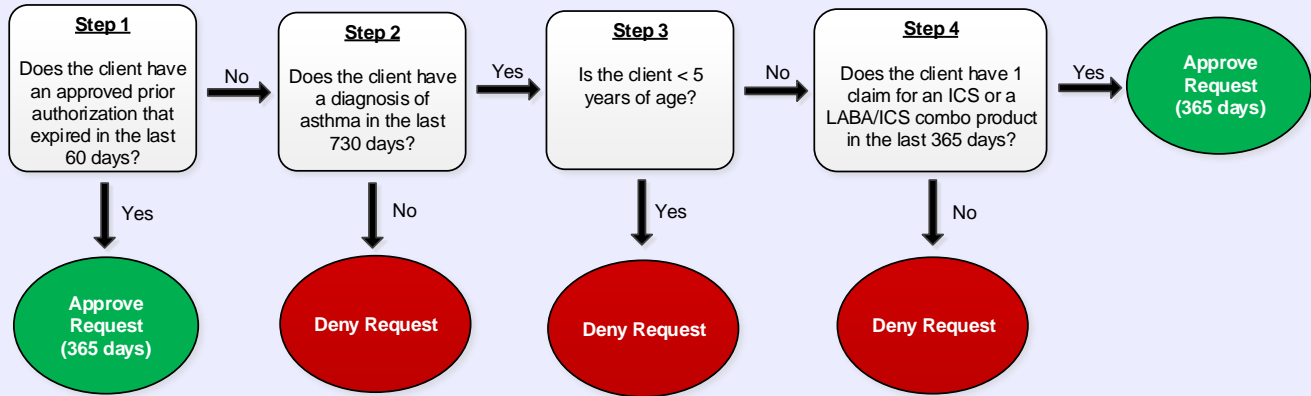
**Zafirlukast****Clinical Criteria Logic**

1. Does the client have an approved prior authorization that expired in the last 60 days?
 Yes – Approve (365 days)
 No – Go to #2
2. Does the client have a diagnosis of asthma in the last 730 days?
 Yes – Go to #3
 No – Deny
3. Is the client less than (<) 5 years of age?
 Yes – Deny
 No – Go to #4
4. Does the client have 1 claim for an inhaled corticosteroid (ICS) or a long-acting beta agonist (LABA)/ICS combination product in the last 365 days?
 Yes – Approve (365 days)
 No – Deny



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Clinical Criteria Logic Diagram





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Clinical Criteria Supporting Tables

Step 1 (diagnosis of asthma)	
Required quantity: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
J454	MODERATE PERSISTENT ASTHMA
J4540	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED
J4541	MODERATE PERSISTENT ASTHMA, WITH (ACUTE) EXACERBATION
J4542	MODERATE PERSISTENT ASTHMA, WITH STATUS ASTHMATICUS
J455	SEVERE PERSISTENT ASTHMA
J4550	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED
J4551	SEVERE PERSISTENT ASTHMA, WITH (ACUTE) EXACERBATION
J4552	SEVERE PERSISTENT ASTHMA, WITH STATUS ASTHMATICUS
J459	OTHER AND UNSPECIFIED ASTHMA
J4590	UNSPECIFIED ASTHMA
J45901	UNSPECIFIED ASTHMA, WITH (ACUTE) EXACERBATION
J45902	UNSPECIFIED ASTHMA, WITH STATUS ASTHMATICUS
J45909	UNSPECIFIED ASTHMA, UNCOMPLICATED
J4599	OTHER ASTHMA
J45998	OTHER ASTHMA

Step 3 (claim for an ICS or LABA/ICS combination product)	
Required quantity: 1	
Look back timeframe: 365 days	
Label Name	GCN
ADVAIR 100-50 DISKUS	50584
ADVAIR 250-50 DISKUS	50594
ADVAIR 500-50 DISKUS	50604
ADVAIR HFA 115-21MCG INHALER	97136
ADVAIR HFA 230-21MCG INHALER	97137
ADVAIR HFA 45-21MCG INHALER	97135
AEROSPAN 80MCG INHALER	35718
ALVESCO 160MCG INHALER	24152
ALVESCO 80MCG INHALER	24149

Step 3 (claim for an ICS or LABA/ICS combination product)	
Required quantity: 1	
Look back timeframe: 365 days	
Label Name	GCN
ARNUITY ELLIPTA 100MCG INHALER	37007
ARNUITY ELLIPTA 200MCG INHALER	37008
ASMANEX TWISTHALR 110MCG #30	99721
ASMANEX TWISTHALR 220MCG #120	18987
ASMANEX TWISTHALR 220MCG #30	24928
ASMANEX TWISTHALR 220MCG #60	24929
BREO ELLIPTA 100-25 MCG INHALER	34647
BREO ELLIPTA 200-25MCG INHALER	35808
BUDESONIDE 0.25MG/2ML	17957
BUDESONIDE 0.5MG/2ML	17958
DULERA 100/5MCG INHALER	28766
DULERA 200/5MCG INHALER	28767
FLOVENT 100MCG DISKUS	53633
FLOVENT 250MCG DISKUS	53634
FLOVENT 50MCG DISKUS	53635
FLOVENT HFA 110MCG INHALER	53636
FLOVENT HFA 220MCG INHALER	53639
FLOVENT HFA 44MCG INHALER	53638
PULMICORT 0.25MG/2ML RESPULE	17957
PULMICORT 0.5MG/2ML	17958
PULMICORT 180MCG FLEXHALER	98025
PULMICORT 1MG/2ML RESPULE	62980
PULMICORT 90MCG FLEXHALER	98024
QVAR 40MCG ORAL INHALER	80128
QVAR 80MCG ORAL INHALER	80131
SYMBICORT 160-4.5MCG INHALER	98500
SYMBICORT 80-45MCG INHALER	98499

**Zileuton****Drugs Requiring Prior Authorization**

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
ZYFLO 600MG TABLET	40321
ZYFLO CR 600MG TABLET	98822

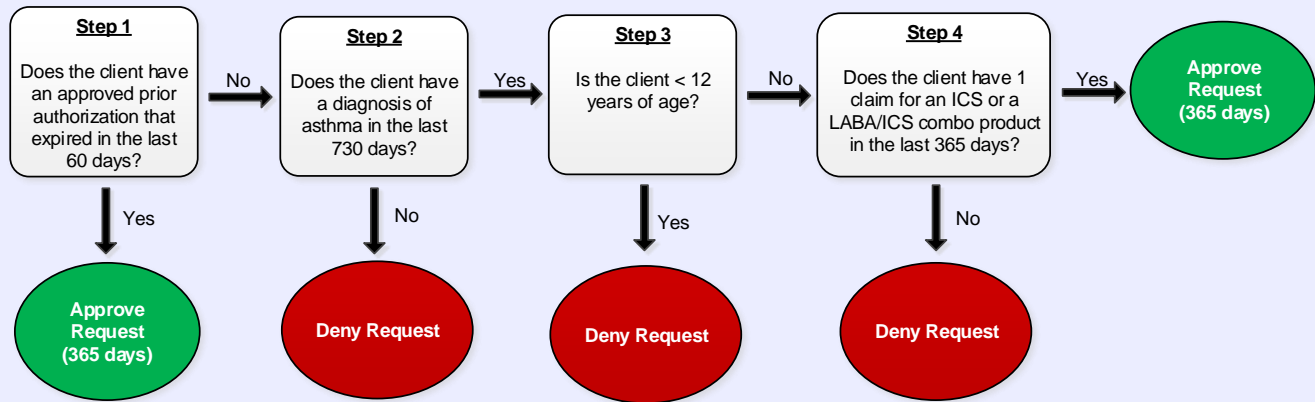
**Zileuton****Clinical Criteria Logic**

1. Does the client have an approved prior authorization that expired in the last 60 days?
 Yes – Approve (365 days)
 No – Go to #2
2. Does the client have a diagnosis of asthma in the last 730 days?
 Yes – Go to #3
 No – Deny
3. Is the client less than (<) 12 years of age?
 Yes – Deny
 No – Go to #4
4. Does the client have 1 claim for an inhaled corticosteroid (ICS) or a long-acting beta agonist (LABA)/ICS combination product in the last 365 days?
 Yes – Approve (365 days)
 No – Deny



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Clinical Criteria Logic Diagram





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Clinical Criteria Supporting Tables

Step 1 (diagnosis of asthma) Required quantity: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
J454	MODERATE PERSISTENT ASTHMA
J4540	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED
J4541	MODERATE PERSISTENT ASTHMA, WITH (ACUTE) EXACERBATION
J4542	MODERATE PERSISTENT ASTHMA, WITH STATUS ASTHMATICUS
J455	SEVERE PERSISTENT ASTHMA
J4550	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED
J4551	SEVERE PERSISTENT ASTHMA, WITH (ACUTE) EXACERBATION
J4552	SEVERE PERSISTENT ASTHMA, WITH STATUS ASTHMATICUS
J459	OTHER AND UNSPECIFIED ASTHMA
J4590	UNSPECIFIED ASTHMA
J45901	UNSPECIFIED ASTHMA, WITH (ACUTE) EXACERBATION
J45902	UNSPECIFIED ASTHMA, WITH STATUS ASTHMATICUS
J45909	UNSPECIFIED ASTHMA, UNCOMPLICATED
J4599	OTHER ASTHMA
J45998	OTHER ASTHMA

Step 3 (claim for an ICS or LABA/ICS combination product) Required quantity: 1 Look back timeframe: 365 days	
Label Name	GCN
ADVAIR 100-50 DISKUS	50584
ADVAIR 250-50 DISKUS	50594
ADVAIR 500-50 DISKUS	50604
ADVAIR HFA 115-21MCG INHALER	97136
ADVAIR HFA 230-21MCG INHALER	97137
ADVAIR HFA 45-21MCG INHALER	97135
AEROSPAN 80MCG INHALER	35718
ALVESCO 160MCG INHALER	24152
ALVESCO 80MCG INHALER	24149

Step 3 (claim for an ICS or LABA/ICS combination product)	
Required quantity: 1	
Look back timeframe: 365 days	
Label Name	GCN
ARNUITY ELLIPTA 100MCG INHALER	37007
ARNUITY ELLIPTA 200MCG INHALER	37008
ASMANEX TWISTHALR 110MCG #30	99721
ASMANEX TWISTHALR 220MCG #120	18987
ASMANEX TWISTHALR 220MCG #30	24928
ASMANEX TWISTHALR 220MCG #60	24929
BREO ELLIPTA 100-25 MCG INHALER	34647
BREO ELLIPTA 200-25MCG INHALER	35808
BUDESONIDE 0.25MG/2ML	17957
BUDESONIDE 0.5MG/2ML	17958
DULERA 100/5MCG INHALER	28766
DULERA 200/5MCG INHALER	28767
FLOVENT 100MCG DISKUS	53633
FLOVENT 250MCG DISKUS	53634
FLOVENT 50MCG DISKUS	53635
FLOVENT HFA 110MCG INHALER	53636
FLOVENT HFA 220MCG INHALER	53639
FLOVENT HFA 44MCG INHALER	53638
PULMICORT 0.25MG/2ML RESPULE	17957
PULMICORT 0.5MG/2ML	17958
PULMICORT 180MCG FLEXHALER	98025
PULMICORT 1MG/2ML RESPULE	62980
PULMICORT 90MCG FLEXHALER	98024
QVAR 40MCG ORAL INHALER	80128
QVAR 80MCG ORAL INHALER	80131
SYMBICORT 160-4.5MCG INHALER	98500
SYMBICORT 80-45MCG INHALER	98499



Leukotriene Modifiers

Clinical Criteria References

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Leukotriene Modifiers

Publication History

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The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
04/23/2015	Presented at DUR Board
05/31/2015	Initial publication and posting to website
12/15/2015	Updated GCNs for Advair 230-21mcg inhaler and Omnaris 50mcg nasal spray
02/01/2016	Updated GCNs for short-acting beta-agonists and intranasal corticosteroids
03/29/2019	Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search .) on each 'Drug Requiring PA' table