

**Texas Prior Authorization Program  
Clinical Criteria**

---

## **Leukotriene Modifiers**

### **Clinical Criteria Information Included in this Document**

#### **Montelukast**

- **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.

#### **Zafirlukast**

- **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.

## Zileuton

- **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.

## Revision Notes

- Annual review by staff
- Added GCNs for AirDuo (48494, 48495, 48489), azelastine-fluticasone (32099), Breyna (98500, 98499), budesonide-formoterol (98500, 98499), fluticasone diskus (53633, 53634, 53635), fluticasone HFA (53636, 53639, 53638), fluticasone-vilanterol (34647, 35808), Omnaris (97453), Ryaltris (49205), Stiolto (38687) and Wixela (50584, 50594, 50604)
- Removed GCNs for Beconase AQ (47100) and Nasonex (71431) – products have been discontinued
- Updated references



## Montelukast

### 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](http://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



## Montelukast

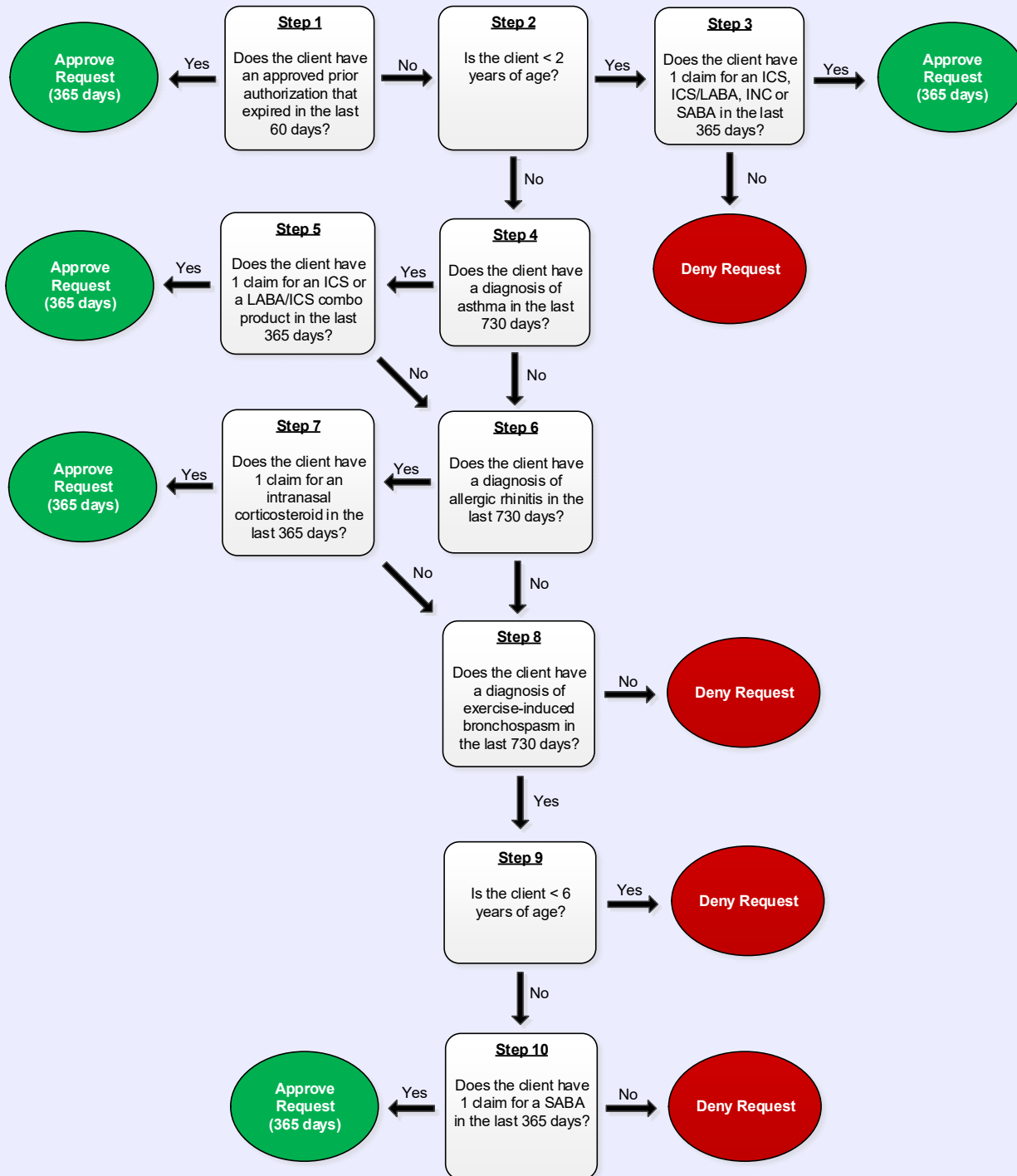
### Clinical Criteria Logic

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 bronchoconstriction** 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



# Montelukast

## Clinical Criteria Logic Diagram





# Montelukast

## Clinical Criteria Supporting Tables

<b>Step 3 (claim for an ICS, ICS/LABA, INC or SABA)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Label Name</b>	<b>GCN</b>
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
AIRDUO DIGIHALER 113-14MCG	48494
AIRDUO DIGIHALER 232-14MCG	48495
AIRDUO DIGIHALER 55-14MCG	48489
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
ALVESCO 160MCG INHALER	24152
ALVESCO 80MCG INHALER	24149
ARMONAIR RESPICLICK 232MCG	42985
ARMONAIR RESPICLICK 55MCG	42979
ARMONAIR DIGIHALER 55 MCG	48602
ARMONAIR DIGIHALER 113 MCG	48604
ARMONAIR DIGIHALER 232 MCG	48615
ARNUIITY ELLIPTA 100MCG INHALER	37007
ARNUIITY ELLIPTA 200MCG INHALER	37008
ARNUIITY ELLIPTA 50MCG INH	44783
ASMANEX TWISTHALR 110MCG #30	99721
ASMANEX TWISTHALR 220MCG #120	18987
ASMANEX TWISTHALR 220MCG #30	24928
ASMANEX TWISTHALR 220MCG #60	24929
ASMANEX HFA 50 MCG INHALER	47599

<b>Step 3 (claim for an ICS, ICS/LABA, INC or SABA)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Label Name</b>	<b>GCN</b>
ASMANEX HFA 100 MCG INHALER	37566
ASMANEX HFA 200 MCG INHALER	37565
AZELASTIN-FLUTIC 137-50MCG SPRY	32099
BREO ELLIPTA 100-25MCG INHALER	34647
BREO ELLIPTA 200-25MCG INHALER	35808
BREYNA 160-4.5MCG INHALER	98500
BREYNA 80-4.5MCG INHALER	98499
BUDESONIDE 0.25MG/2ML	17957
BUDESONIDE 0.5MG/2ML	17958
BUDESONIDE 1MG/2ML INH SUSP	62980
BUDESONIDE 32MCG NASAL SPRAY	40708
BUDESONIDE-FORMOTEROL 160-4.5MCG	98500
BUDESONIDE-FORMOTEROL 80-4.5MCG	98499
DULERA 50/5MCG INHALER	30139
DULERA 100/5MCG INHALER	28766
DULERA 200/5MCG INHALER	28767
DYMISTA NASAL SPRAY	32099
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
FLUTICASONE PROP 100MCG DISKUS	53633
FLUTICASONE PROP 250MCG DISKUS	53634
FLUTICASONE PROP 50MCG DISKUS	53635
FLUTICASONE PROP HFA 110MCG	53636
FLUTICASONE PROP HFA 220MCG	53639
FLUTICASONE PROP HFA 44MCG	53638
FLUNISOLIDE 0.025% SPRAY	34280
FLUTICASONE PROP 50MCG SPRAY	62263
FLUTICASONE PROP 50MCG SPRAY	37683
FLUTICASONE-SALMETEROL 55-14	42956
FLUTICASONE-SALMETEROL 113-14	42957
FLUTICASONE-SALMETEROL 232-14	42958

<b>Step 3 (claim for an ICS, ICS/LABA, INC or SABA)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Label Name</b>	<b>GCN</b>
FLUTICASONE-VILANTEROL 100-25	34647
FLUTICASONE-VILANTEROL 200-25	35808
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
LEVALBUTEROL TAR HFA 45MCG INH	24422
MOMETASONE FUROATE 50MGCG SPRY	71431
OMNARIS 50MCG NASAL SPRAY	97453
PROAIR HFA 90MCG INHALER	22913
PROAIR RESPICLICK INHAL POWDER	38212
PROAIR DIGIHALER 90 MCG INHALER	47012
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
QVAR REDIHALER 40MCG	43724
QVAR REDIHALER 80MCG	43725
RYALTRIS 665-25MCG SPRAY	49205
STIOLTO RESPIMAT INHAL SPRAY	38687
SYMBICORT 160-4.5MCG INHALER	98500
SYMBICORT 80-45MCG INHALER	98499
TRIAMCINOLONE 55MCG NASAL SPRAY	36145
VENTOLIN HFA 90MCG INHALER	22913
WIXELA 100-50 INHUB	50584
WIXELA 250-50 INHUB	50594
WIXELA 500-50 INHUB	50604
XHANCE 93MCG NASAL SPRAY	43878
XOPENEX 0.31MG/3ML SOLUTION	15665
XOPENEX 0.63MG/3ML SOLUTION	24540
XOPENEX 1.25MG/3ML SOLUTION	24541



<b>Step 3 (claim for an ICS, ICS/LABA, INC or SABA)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Label Name</b>	<b>GCN</b>
XOPENEX HFA 45MCG INHALER	24422

<b>Step 4 (diagnosis of asthma)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
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

<b>Step 5 (claim for an ICS or LABA/ICS combination product)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Label Name</b>	<b>GCN</b>
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
AIRDUO DIGIHALER 113-14MCG	48494
AIRDUO DIGIHALER 232-14MCG	48495

<b>Step 5 (claim for an ICS or LABA/ICS combination product)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Label Name</b>	<b>GCN</b>
AIRDUO DIGIHALER 55-14MCG	48489
ALVESCO 160MCG INHALER	24152
ALVESCO 80MCG INHALER	24149
ARMONAIR RESPICLICK 232MCG	42985
ARMONAIR RESPICLICK 55MCG	42979
ARMONAIR DIGIHALER 55MCG	48602
ARMONAIR DIGIHALER 113 MCG	48604
ARMONAIR DIGIHALER 232 MCG	48615
ARNUITY ELLIPTA 100MCG INHALER	37007
ARNUITY ELLIPTA 200MCG INHALER	37008
ARNUITY ELLIPTA 50MCG INH	44783
ASMANEX TWISTHALR 110MCG #30	99721
ASMANEX TWISTHALR 220MCG #120	18987
ASMANEX TWISTHALR 220MCG #30	24928
ASMANEX TWISTHALR 220MCG #60	24929
ASMANEX HFA 50 MCG INHALER	47599
ASMANEX HFA 100 MCG INHALER	37566
ASMANEX HFA 200 MCG INHALER	37565
BREO ELLIPTA 100-25 MCG INHALER	34647
BREO ELLIPTA 200-25MCG INHALER	35808
BREYNA 160-4.5MCG INHALER	98500
BREYNA 80-4.5MCG INHALER	98499
BUDESONIDE 0.25MG/2ML	17957
BUDESONIDE 0.5MG/2ML	17958
BUDESONIDE 1MG/2ML INH SUSP	62980
BUDESONIDE-FORMOTEROL 160-4.5MCG	98500
BUDESONIDE-FORMOTEROL 80-4.5MCG	98499
DULERA 50/5MCG INHALER	30139
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

<b>Step 5 (claim for an ICS or LABA/ICS combination product)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Label Name</b>	<b>GCN</b>
FLOVENT HFA 44MCG INHALER	53638
FLUTICASONE PROP 100MCG DISKUS	53633
FLUTICASONE PROP 250MCG DISKUS	53634
FLUTICASONE PROP 50MCG DISKUS	53635
FLUTICASONE PROP HFA 110MCG	53636
FLUTICASONE PROP HFA 220MCG	53639
FLUTICASONE PROP HFA 44MCG	53638
FLUTICASONE-SALMETEROL 55-14	42956
FLUTICASONE-SALMETEROL 113-14	42957
FLUTICASONE-SALMETEROL 232-14	42958
FLUTICASONE-VILANTEROL 100-25	34647
FLUTICASONE-VILANTEROL 200-25	35808
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 REDIHALER 40MCG	43724
QVAR REDIHALER 80MCG	43725
SYMBICORT 160-4.5MCG INHALER	98500
SYMBICORT 80-45MCG INHALER	98499
WIXELA 100-50 INHUB	50584
WIXELA 250-50 INHUB	50594
WIXELA 500-50 INHUB	50604

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

<b>Step 7 (claim for an intranasal corticosteroid)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Label Name</b>	<b>GCN</b>
AZELASTIN-FLUTIC 137-50MCG SPRY	32099
BUDESONIDE 32MCG NASAL SPRAY	92231
DYMISTA NASAL SPRAY	32099
FLUNISOLIDE 0.025% SPRAY	34280
FLUTICASONE PROP 50MCG SPRAY	62263
MOMETASONE FUROATE 50MGCG SPRY	71431
OMNARIS 50MCG NASAL SPRAY	97453
QNASL CHILDRENS 40MCG SPRAY	37654
QNASL 80MCG NASAL SPRAY	31769
RYALTRIS 665-25MCG SPRAY	49205
XHANCE 93MCG NASAL SPRAY	43878

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

<b>Step 10 (claim for a SABA)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Label Name</b>	<b>GCN</b>
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
LEVALBUTEROL 0.31/3ML SOLUTION	15665
LEVALBUTEROL 0.63MG/3ML SOLUTION	24540
LEVALBUTEROL 1.25MG/3ML SOLUTION	24541

<b>Step 10 (claim for a SABA)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Label Name</b>	<b>GCN</b>
LEVALBUTEROL CONC 1.25MG/0.5ML	23146
LEVALBUTEROL TAR HFA 45MCG INH	24422
PROAIR HFA 90MCG INHALER	22913
PROAIR RESPICLICK INHAL POWDER	38212
PROVENTIL HFA 90MCG INHALER	22913
VENTOLIN HFA 90MCG INHALER	22913
XOPENEX 0.31MG/3ML SOLUTION	15665
XOPENEX 0.63MG/3ML SOLUTION	24540
XOPENEX 1.25MG/3ML SOLUTION	24541
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](https://TxVendorDrug.com/formulary/formulary-search).

<b>Drugs Requiring Prior Authorization</b>	
<b>Label Name</b>	<b>GCN</b>
ZAFIRLUKAST 10MG TABLET	52271
ZAFIRLUKAST 20MG TABLET	18690



## Zafirlukast

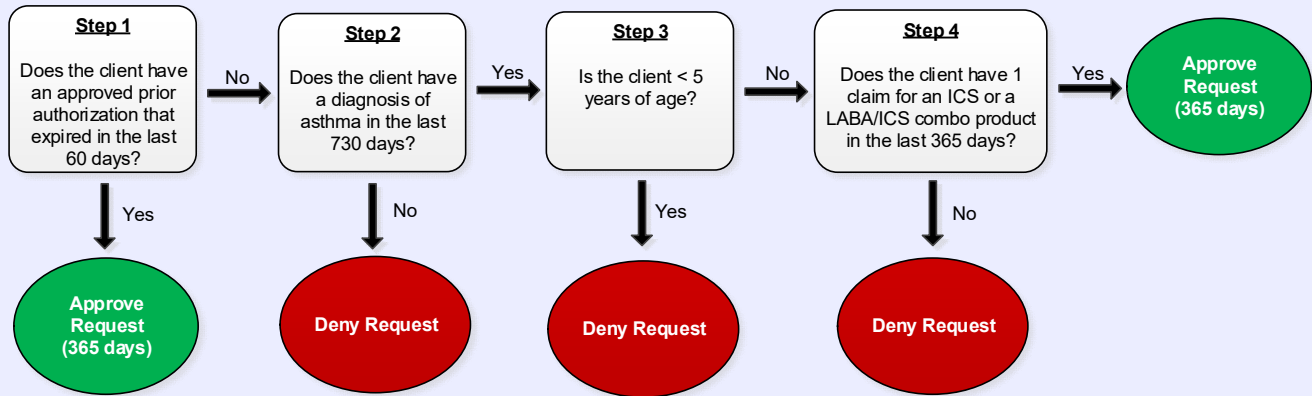
### Clinical Criteria Logic

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



# Zafirlukast

## Clinical Criteria Logic Diagram







## Zafirlukast

### Clinical Criteria Supporting Tables

**Step 1 (diagnosis of asthma)****Required quantity:** 1**Look back timeframe:** 730 days

For the list of asthma diagnosis codes that pertain to this step, see the **Asthma Diagnoses** table in the previous "Supporting Tables" section.

**Note:** Click the hyperlink to navigate directly to the table.

**Step 3 (claim for an ICS or LABA/ICS combination product)****Required quantity:** 1**Look back timeframe:** 365 days

For the list of ICS or LABA/ICS combination product GCNs that pertain to this step, see the **ICS or LABA/ICS combination products** table in the previous "Supporting Tables" section.

**Note:** Click the hyperlink to navigate directly to the table.

**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](https://TxVendorDrug.com/formulary/formulary-search).

<b>Drugs Requiring Prior Authorization</b>	
<b>Label Name</b>	<b>GCN</b>
ZILEUTON ER 600MG TABLET	98822
ZYFLO CR 600MG TABLET	98822

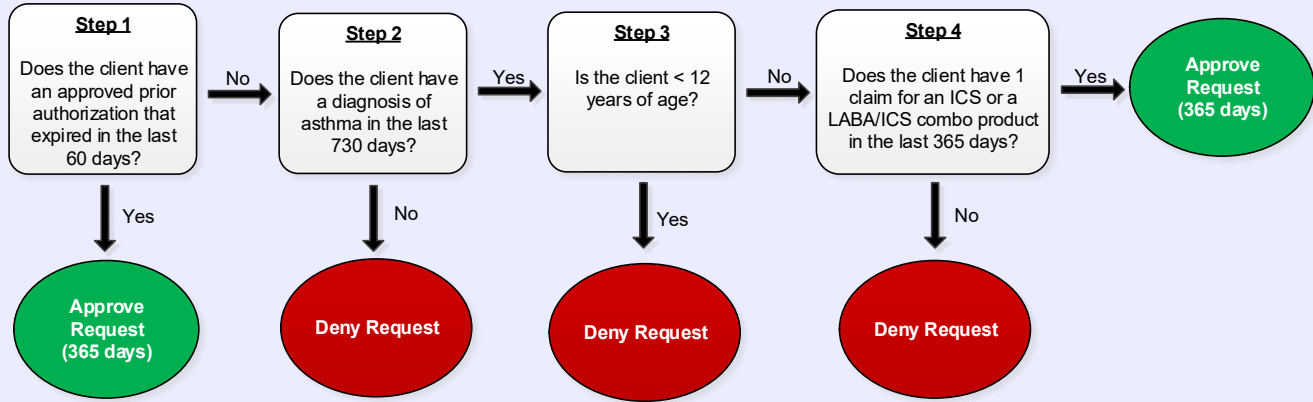
**Zileuton****Clinical Criteria Logic**

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



# Zileuton

## Clinical Criteria Logic Diagram



**Zileuton****Clinical Criteria Supporting Tables****Step 1 (diagnosis of asthma)****Required quantity: 1****Look back timeframe: 730 days**

For the list of asthma diagnosis codes that pertain to this step, see the **Asthma Diagnoses** table in the previous "Supporting Tables" section.

**Note:** Click the hyperlink to navigate directly to the table.

**Step 3 (claim for an ICS or LABA/ICS combination product)****Required quantity: 1****Look back timeframe: 365 days**

For the list of ICS or LABA/ICS combination product GCNs that pertain to this step, see the **ICS or LABA/ICS combination products** table in the previous "Supporting Tables" section.

**Note:** Click the hyperlink to navigate directly to the table.



## Leukotriene Modifiers

### Clinical Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2024. Available at [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed on January 9, 2024.
2. Micromedex [online database]. Available at [www.micromedexsolutions.com](http://www.micromedexsolutions.com). Accessed on January 9, 2024.
3. Facts and Comparisons [online database]. Available at [www.online.factsandcomparisons.com](http://www.online.factsandcomparisons.com). Accessed on January 9, 2024.
4. 2022 ICD-10-CM Diagnosis Codes, Volume 1. 2022. Available at [www.icd10data.com](http://www.icd10data.com). Accessed on October 7, 2022.
5. Singulair Prescribing Information. Jersey City, NJ; Organon LLC; June 2021.
6. Accolate Prescribing Information. Wilmington, DE. AstraZeneca Pharmaceuticals LP. November 2013.
7. Zyflo CR Prescribing Information. Cary, NC. Chiesi USA, Inc. March 2019.
8. Wallace DV, Dykewicz MS, et al. The diagnosis and management of rhinitis: and updated practice parameter. JACI 2008;122:S1-84. Available at [www.aaaai.org](http://www.aaaai.org). Accessed January 2, 2015.
9. National Asthma Education and Prevention Program. Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma. Full Report 2007. U.S. Department of Health and Human Services. National Institutes of Health. National Heart, Lung, and Blood Institute. Available at: [www.nhlbi.nih.gov](http://www.nhlbi.nih.gov).
10. Joint Task Force on Practice Parameters: American Academy of Allergy, Asthma and Immunology. Pathogenesis, prevalence, diagnosis and management of exercise-induced bronchoconstriction: a practice parameter. Annals of Allergy, Asthma & Immunology 2010;105:S1-S47. Available at: [www.aaaai.org](http://www.aaaai.org). Accessed March 12, 2015.
11. Global Initiative for Asthma (GINA). Global Strategy for Asthma Management and Prevention. 2023 update.
12. Seidman MD, Gurgel RK, Lin SY, et al. Clinical Practice Guideline: Allergic Rhinitis. Otolaryngol Head Neck Surg 2015;152(IS):S1-S43. Available at: [www.otojournal.org](http://www.otojournal.org). Accessed March 12, 2015.



## Leukotriene Modifiers

### Publication History

### Publication History

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.

<b>Publication Date</b>	<b>Notes</b>
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 <a href="http://TxVendorDrug.com/formulary/formulary-search">TxVendorDrug.com/formulary/formulary-search</a> .) on each 'Drug Requiring PA' table
07/15/2019	Annual review by staff Updated Table 3 Updated Table 5 Updated Table 7 Updated Table 10 Added GCN for Zileuton ER 600mg tablets to drug table Updated references
12/02/2022	Annual review by staff Added GCNs for Armonair Digihaler (48602, 48604, 48615), Asmanex HFA (47599, 37566, 37565), Dulera (30139), Proair Digihaler (47012) to tables 3 and 5 Updated references
01/09/2024	Annual review by staff Added GCNs for AirDuo (48494, 48495, 48489), azelastine-fluticasone (32099), Breyna (98500, 98499), budesonide-formoterol (98500, 98499), fluticasone diskus (53633, 53634, 53635), fluticasone HFA (53636, 53639, 53638), fluticasone-vilanterol (34647, 35808), Omnaris (97453), Ryaltris (49205), Stiolto (38687) and Wixela (50584, 50594, 50604) Removed GCNs for Beconase AQ (47100) and Nasonex (71431) – products have been discontinued Updated references