



Leukotriene Modifiers Clinical Edit Criteria

Drug/Drug Class:

Leukotriene Modifiers

Superior HealthPlan follows the guidance of the Texas Vendor Drug Program (VDP) for all clinical edit criteria. Superior has adjusted the clinical criteria to ease the prior authorization process regarding this clinical edit. The oral tablet and chewable tablet formulations of montelukast have been removed from prior authorization requirement. Using yellow borders and highlights, Superior has marked the ease in the table listing the drugs requiring authorization.

The original clinical edit can be referenced at the Texas Vendor Drug Program website located at <https://paxpress.txpa.hidinc.com/leukotriene.pdf>

Clinical Edit Information Included in this Document:

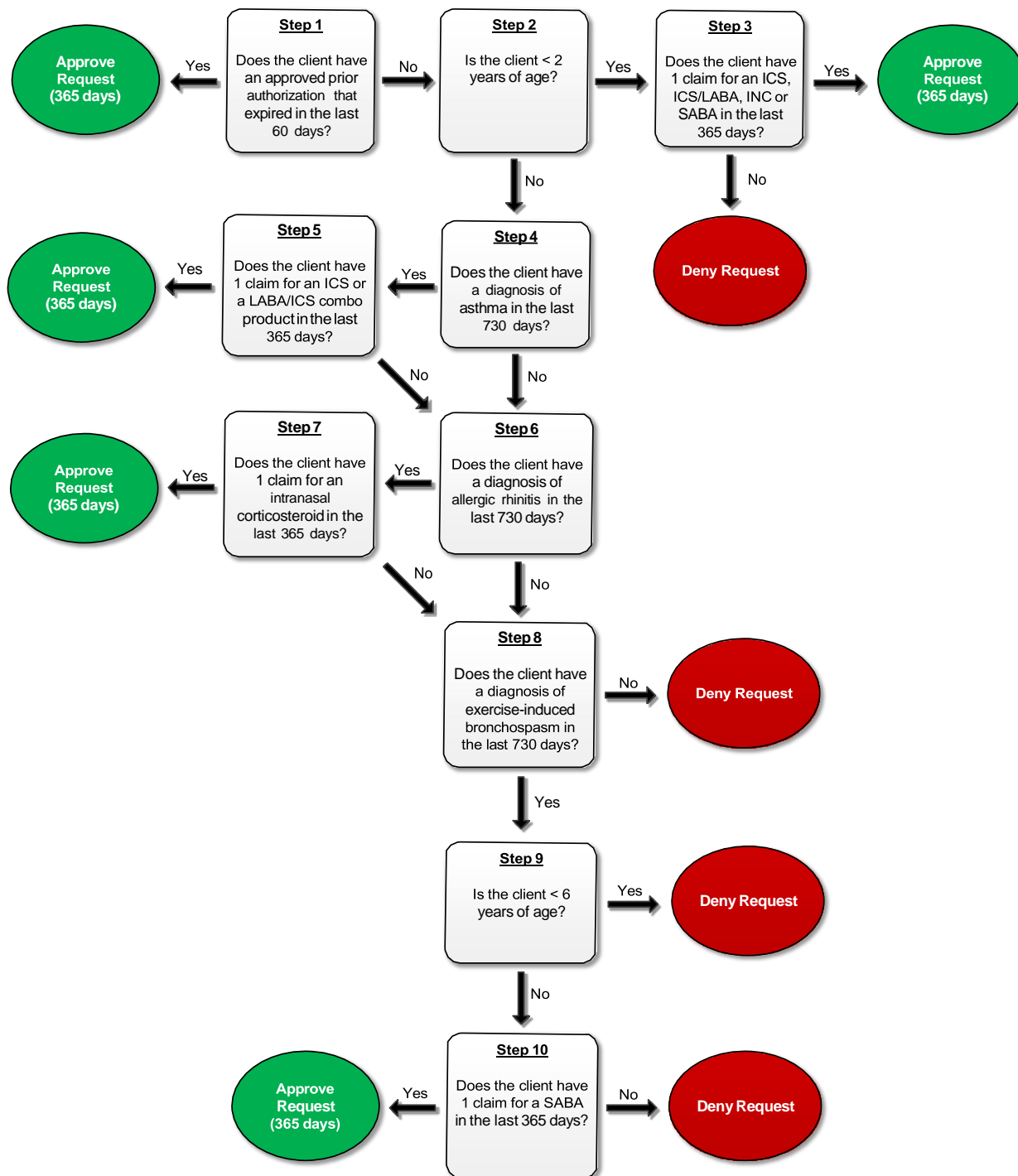
- **Drugs included in the edit:** a list of medications included in this clinical edit logic.
- **Logic diagram:** a visual depiction of the clinical edit criteria logic.
- **Diagnosis codes or drugs in step logic:** a list of diagnosis codes or drug information and additional step logic, claims and lookback period information.
- **Clinical Edit References:** clinical edit references as provided by the Texas Vendor Drug Program.
- **Publication history:** to track when the eased criteria was put into production and any updates since this time.

Please note: All tables are provided by original Texas Vendor Drug Program Leukotriene Modifier Edit. Eased criteria outlined or highlighted in yellow.

Drugs Requiring Prior Authorization:

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

Superior HealthPlan Clinical Edit Logic Diagram- Leukotriene Modifiers, Montelukast:



Diagnosis Codes and Drugs Used in Leukotriene Modifier, Montelukast Step Logic:

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
ARNUIITY ELLIPTA 100MCG INHALER	37007
ARNUIITY 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
FLUTICASONONE 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

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

Label Name	GCN
QNASL 80MCG NASAL SPRAY	31769
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-9 Code	Description
493	ASTHMA
4930	EXTRINSIC ASTHMA
49300	EXTRINSIC ASTHMA, UNSPECIFIED
49301	EXTRINSIC ASTHMA WITH STATUS ASTHMATICUS
49302	EXTRINSIC ASTHMA WITH (ACUTE) EXACERBATION
4931	INTRINSIC ASTHMA
49310	INTRINSIC ASTHMA, UNSPECIFIED
49311	INTRINSIC ASTHMA WITH STATUS ASTHMATICUS
49312	INTRINSIC ASTHMA WITH (ACUTE) EXACERBATION
4932	CHRONIC OBSTRUCTIVE ASTHMA
49320	CHRONIC OBSTRUCTIVE ASTHMA, UNSPECIFIED
49321	CHRONIC OBSTRUCTIVE ASTHMA WITH STATUS ASTHMATICUS
49322	CHRONIC OBSTRUCTIVE ASTHMA WITH (ACUTE) EXACERBATION
4939	ASTHMA UNSPECIFIED
49390	ASTHMA, UNSPECIFIED TYPE, UNSPECIFIED
49391	ASTHMA, UNSPECIFIED TYPE, WITH STATUS ASTHMATICUS
49392	ASTHMA, UNSPECIFIED TYPE, WITH (ACUTE) EXACERBATION
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 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
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

Step 5 (claim for an ICS or LABA/ICS combination product)**Required quantity: 1****Look back timeframe: 365 days**

Label Name	GCN
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-9 Code	Description
477	ALLERGIC RHINITIS
4770	ALLERGIC RHINITIS DUE TO POLLEN
4778	ALLERGIC RHINITIS DUE TO OTHER ALLERGEN
4779	ALLERGIC RHINITIS, CAUSE UNSPECIFIED
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
QNASL 80MCG NASAL SPRAY	31769
RHINOCORT AQUA NASAL SPRAY	92231

Step 7 (claim for an intranasal corticosteroid)**Required quantity: 1****Look back timeframe: 365 days**

Label Name	GCN
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-9 Code	Description
49381	EXERCISE INDUCED BRONCHOSPASM
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

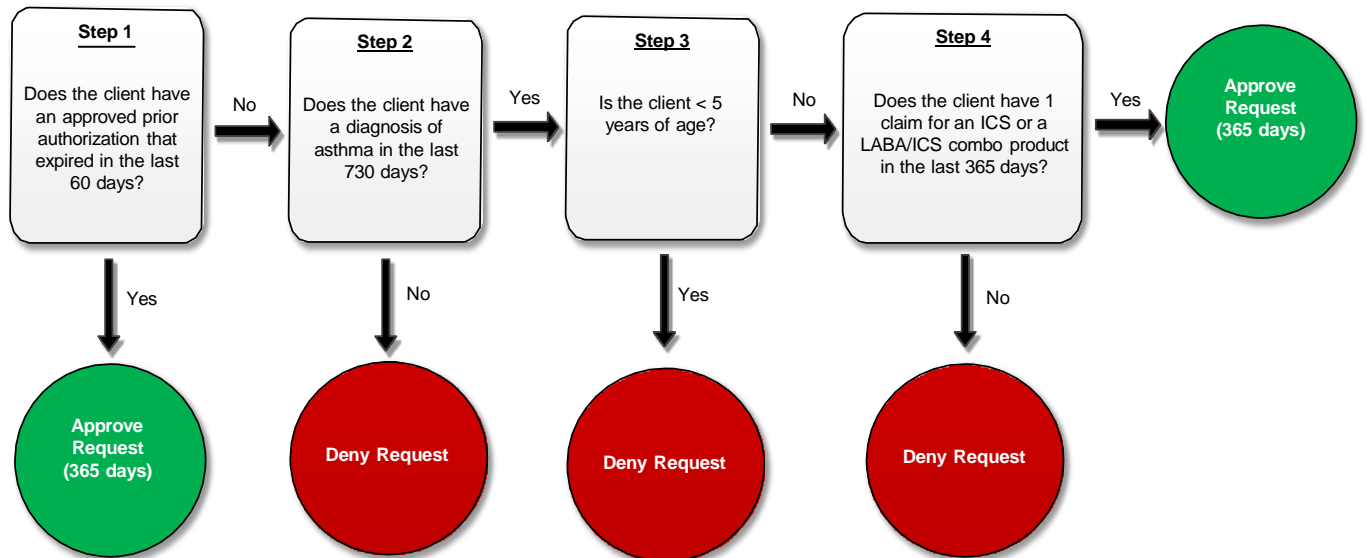
Step 10 (claim for a SABA)
Required quantity: 1
Look back timeframe: 365 days

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

Drugs Requiring Prior Authorization- Zafirlukast:

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

Superior HealthPlan Clinical Edit Logic Diagram- Leukotriene Modifiers, Zafirlukast:



Diagnosis Codes and Drugs Used in Leukotriene Modifier, Zafirlukast Step Logic:

Step 1 (diagnosis of asthma) Required quantity: 1 Look back timeframe: 730 days	
ICD-9 Code	Description
493	ASTHMA
4930	EXTRINSIC ASTHMA
49300	EXTRINSIC ASTHMA, UNSPECIFIED
49301	EXTRINSIC ASTHMA WITH STATUS ASTHMATICUS
49302	EXTRINSIC ASTHMA WITH (ACUTE) EXACERBATION
4931	INTRINSIC ASTHMA
49310	INTRINSIC ASTHMA, UNSPECIFIED
49311	INTRINSIC ASTHMA WITH STATUS ASTHMATICUS
49312	INTRINSIC ASTHMA WITH (ACUTE) EXACERBATION
4932	CHRONIC OBSTRUCTIVE ASTHMA
49320	CHRONIC OBSTRUCTIVE ASTHMA, UNSPECIFIED
49321	CHRONIC OBSTRUCTIVE ASTHMA WITH STATUS ASTHMATICUS
49322	CHRONIC OBSTRUCTIVE ASTHMA WITH (ACUTE) EXACERBATION
4939	ASTHMA UNSPECIFIED
49390	ASTHMA, UNSPECIFIED TYPE, UNSPECIFIED
49391	ASTHMA, UNSPECIFIED TYPE, WITH STATUS ASTHMATICUS
49392	ASTHMA, UNSPECIFIED TYPE, WITH (ACUTE) EXACERBATION
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

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

Step 3 (claim for an ICS or LABA/ICS combination product)

Required quantity: 1

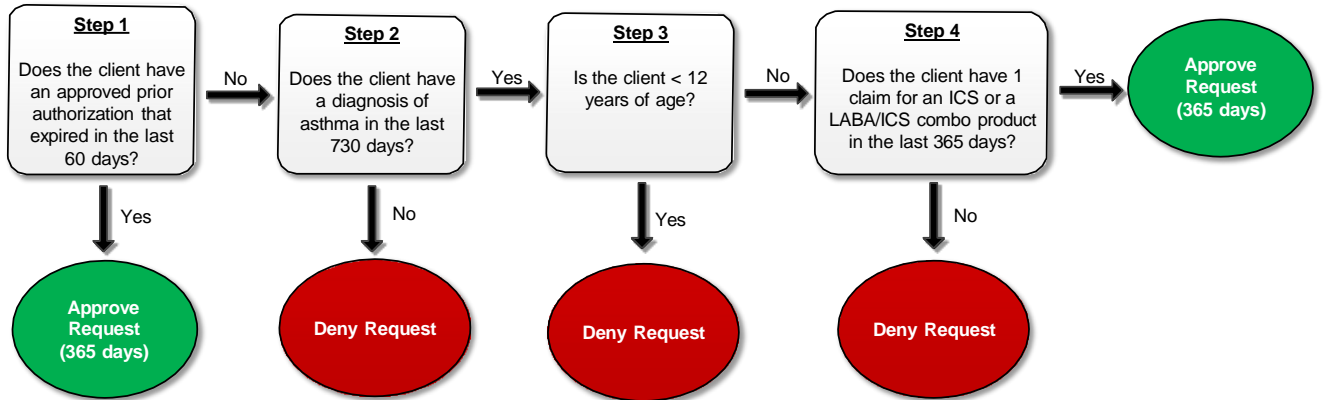
Look back timeframe: 365 days

Label Name	GCN
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

Drugs Requiring Prior Authorization- Zileuton:

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

Superior HealthPlan Clinical Edit Logic Diagram- Leukotriene Modifiers, Zileuton:



Diagnosis Codes and Drugs Used in Leukotriene Modifier, Zileuton Step Logic:

Step 1 (diagnosis of asthma) Required quantity: 1 Look back timeframe: 730 days	
ICD-9 Code	Description
493	ASTHMA
4930	EXTRINSIC ASTHMA
49300	EXTRINSIC ASTHMA, UNSPECIFIED
49301	EXTRINSIC ASTHMA WITH STATUS ASTHMATICUS
49302	EXTRINSIC ASTHMA WITH (ACUTE) EXACERBATION
4931	INTRINSIC ASTHMA
49310	INTRINSIC ASTHMA, UNSPECIFIED
49311	INTRINSIC ASTHMA WITH STATUS ASTHMATICUS
49312	INTRINSIC ASTHMA WITH (ACUTE) EXACERBATION
4932	CHRONIC OBSTRUCTIVE ASTHMA
49320	CHRONIC OBSTRUCTIVE ASTHMA, UNSPECIFIED
49321	CHRONIC OBSTRUCTIVE ASTHMA WITH STATUS ASTHMATICUS
49322	CHRONIC OBSTRUCTIVE ASTHMA WITH (ACUTE) EXACERBATION
4939	ASTHMA UNSPECIFIED
49390	ASTHMA, UNSPECIFIED TYPE, UNSPECIFIED
49391	ASTHMA, UNSPECIFIED TYPE, WITH STATUS ASTHMATICUS
49392	ASTHMA, UNSPECIFIED TYPE, WITH (ACUTE) EXACERBATION
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
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

Step 3 (claim for an ICS or LABA/ICS combination product)

Required quantity: 1

Look back timeframe: 365 days

Label Name	GCN
SYMBICORT 160-4.5MCG INHALER	98500
SYMBICORT 80-45MCG INHALER	98499

Clinical Edit References:

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2015. Available at www.clinicalpharmacology.com. Accessed on March 9, 2015.
2. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on March 9, 2015.
3. Facts and Comparisons [online database]. Available at www.online.factsandcomparisons.com. Accessed on March 9, 2015.
4. 2015 ICD-9-CM Diagnosis Codes, Volume 1. 2015. Available at www.icd9data.com. Accessed on March 9, 2015.
5. 2015 ICD-10-CM Diagnosis Codes, Volume 1. 2015. Available at www.icd10data.com. Accessed on March 9, 2015.
6. Singulair Prescribing Information. Whitehouse Station, NJ. Merck & Co., Inc. February 2015.
7. Accolate Prescribing Information. Wilmington, DE. AstraZeneca Pharmaceuticals LP. November 2013.
8. Zylflo CR Prescribing Information. Cary, NC. Chiesi USA, Inc. March 2014.
9. 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. Accessed January 2, 2015.
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Publication History:

Publication Date	Notes
10/26/2015	Clinical edit added
12/13/2016	Modified edit to remove oral tablet and chewable oral tablet formulations of montelukast from prior authorization requirement. Reference tables, diagnosis codes, references and publication table per UMCM Chapter 3 requirements. All tables are cross referenced to VDP criteria.