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:

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 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 Criteria Logic-Leukotriene Modifiers, Montelukast:

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 (Got to #8)

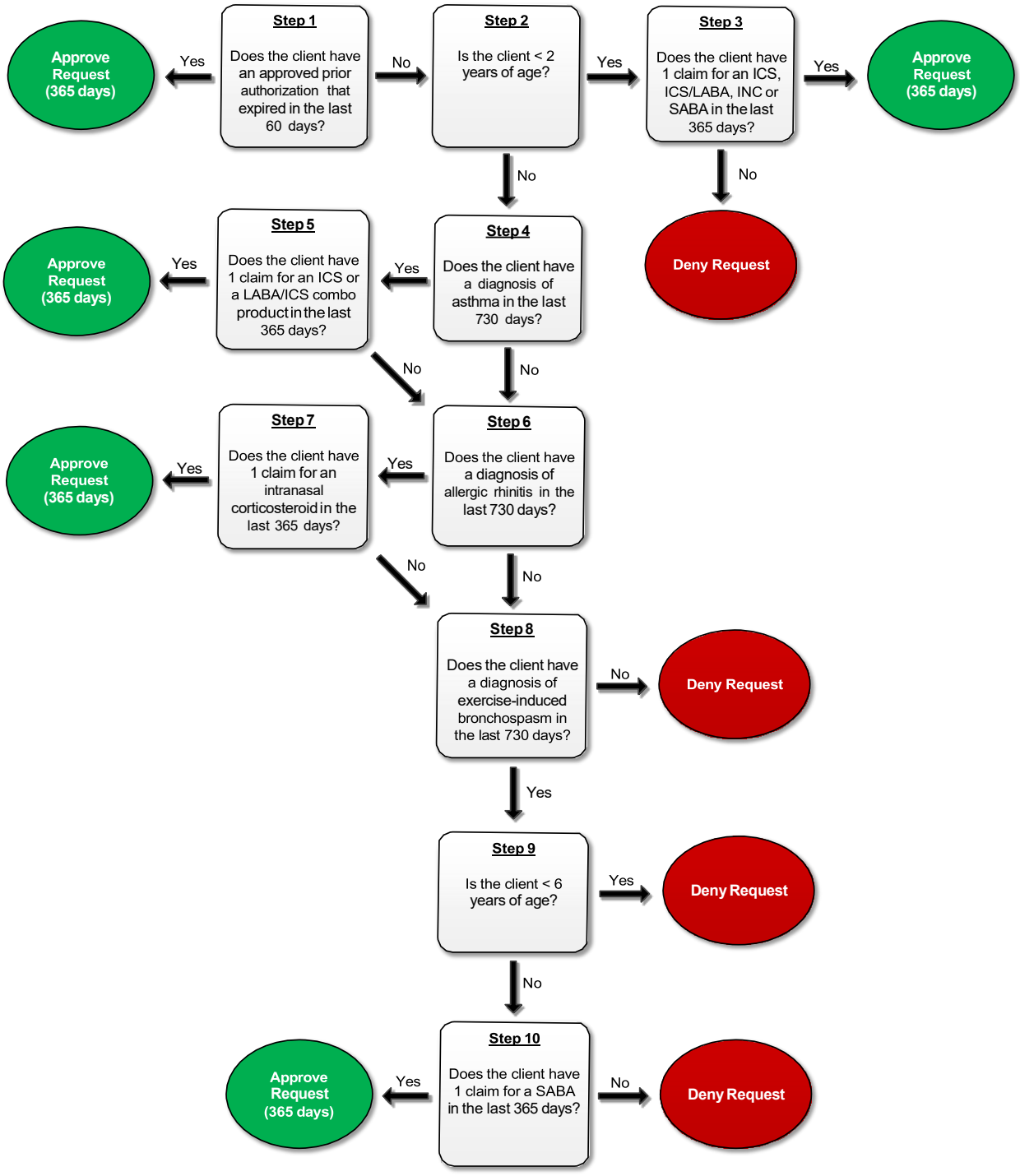
7. Does the client have 1 claim for an **intranasal corticosteroid** in the last 365 days?
   [ ] Yes (Approve-365 days)
   [ ] No (Go to #8)

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)

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
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
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
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 1MG/2ML INH SUSP	62980
BUDESONIDE 32MCG NASAL SPRAY	92231
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
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
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
NASONEX 50MCG NASAL SPRAY	71431
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
SYMBICORT 160-4.5MCG INHALER	98500
SYMBICORT 80-45MCG INHALER	98499
TRIAMCINOLONE 55MCG NASAL SPRAY	01214
VENTOLIN HFA 90MCG INHALER	22913
XHANCE 93MCG NASAL SPRAY	43878
XOPENEX 0.31MG/3ML SOLUTION	15665
XOPENEX 0.63MG/3ML SOLUTION	24540
XOPENEX 1.25MG/3ML SOLUTION	24541
XOPENEX HFA 45MCG INHALER	24422

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
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
ALVESCO 160MCG INHALER	24152
ALVESCO 80MCG INHALER	24149
ARMONAIR RESPICLICK 232MCG	42985
ARMONAIR RESPICLICK 55MCG	42979
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
BREO ELLIPTA 100-25 MCG INHALER	34647
BREO ELLIPTA 200-25MCG INHALER	35808
BUDESONIDE 0.25MG/2ML	17957
BUDESONIDE 0.5MG/2ML	17958
BUDESONIDE 1MG/2ML INH SUSP	62980
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
FLUTICASONE-SALMETEROL 55-14	42956
FLUTICASONE-SALMETEROL 113-14	42957
FLUTICASONE-SALMETEROL 232-14	42958
PULMICORT 0.25MG/2ML RESPULE	17957
PULMICORT 0.5MG/2ML	17958

Step 5 (claim for an ICS or LABA/ICS combination product) Required quantity: 1 Look back timeframe: 365 days	
Label Name	**GCN**
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
FLUNISOLIDE 0.025% SPRAY	34280
FLUTICASONE PROP 50MCG SPRAY	62263
FLUTICASONE-SALMETEROL 232-14	71431
NASONEX 50MCG NASAL SPRAY	71431
QNASL CHILDRENS 40MCG SPRAY	37654
QNASL 80MCG NASAL SPRAY	31769

Step 7 (claim for an intranasal corticosteroid) Required quantity: 1 Look back timeframe: 365 days	
Label Name	**GCN**
TRIAMCINOLONE 55MCG NASAL SPRAY	01214
XHANCE 93MCG NASAL SPRAY	43878

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
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
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

Drugs Requiring Prior Authorization- Zafirlukast:

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**
ZAFIRLUKAST 10MG TABLET	52271
ZAFIRLUKAST 20MG TABLET	18690

Superior HealthPlan Clinical Criteria Logic-Leukotriene Modifiers, Zafirlukast:

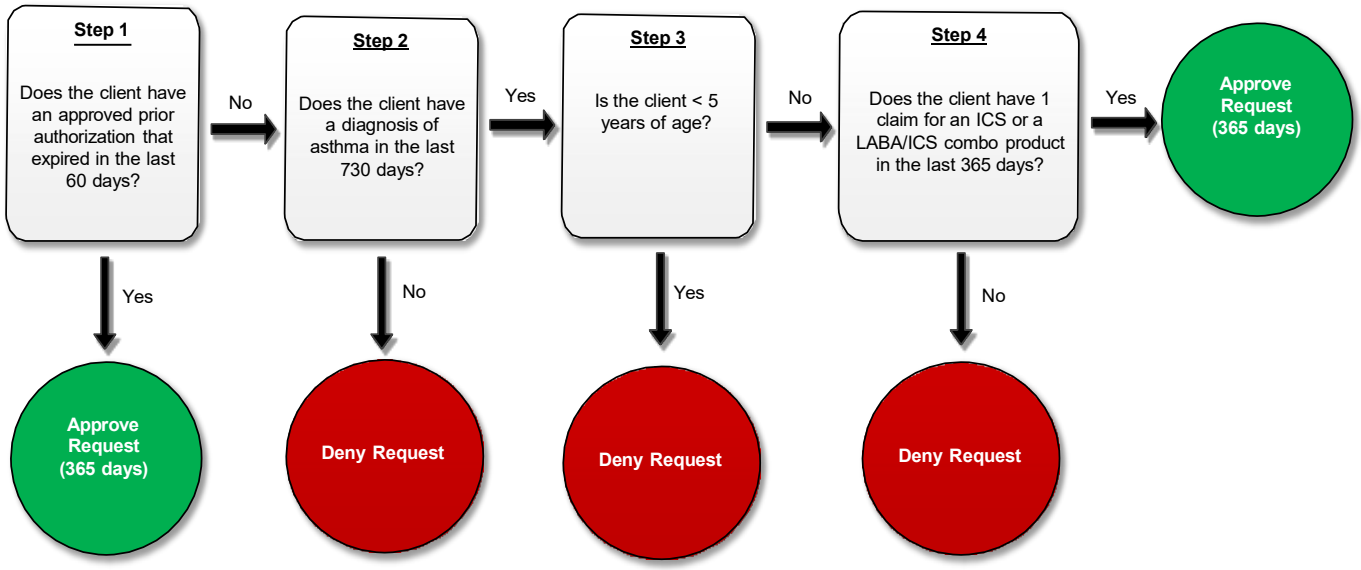
1. Does the client have an approved prior authorization that expired in the last 60 days?
   [ ] Yes (Approve-365 days)
   [ ] No (Go to #2)

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)

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-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
ALBUTEROL 2.5MG/0.5ML SOLUTION	22697
ALBUTEROL 5MG/ML SOLUTION	41680
ALBUTEROL SUL 0.63MG/3ML SOLUTION	14633

Step 3 (claim for an ICS or LABA/ICS combination product) Required quantity: 1 Look back timeframe: 365 days	
Label Name	**GCN**
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
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 100-25 MCG INHALER	34647
BREO ELLIPTA 200-25MCG INHALER	35808
BUDESONIDE 0.25MG/2ML	17957
BUDESONIDE 0.5MG/2ML	17958
BUDESONIDE 1MG/2ML INH SUSP	62980
BUDESONIDE 32MCG NASAL SPRAY	40708
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
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
LEVALBUTEROL 0.31/3ML SOLUTION	15665

Step 3 (claim for an ICS or LABA/ICS combination product) Required quantity: 1 Look back timeframe: 365 days	
Label Name	**GCN**
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
NASONEX 50MCG NASAL SPRAY	71431
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	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 40MCG ORAL INHALER	80128
QVAR 80MCG ORAL INHALER	80131
SYMBICORT 160-4.5MCG INHALER	98500
SYMBICORT 80-45MCG INHALER	98499
TRIAMCINOLONE 55MCG NASAL SPRAY	36145
VENTOLIN HFA 90MCG INHALER	22913
XHANCE 93MCG NASAL SPRAY	43878
XOPENEX 0.31MG/3ML SOLUTION	15665
XOPENEX 0.63MG/3ML SOLUTION	24540
XOPENEX 1.25MG/3ML SOLUTION	24541
XOPENEX HFA 45MCG INHALER	24422

Drugs Requiring Prior Authorization - Zileuton:

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**
ZILEUTON ER 600MG TABLET	98822
ZYFLO CR 600MG TABLET	98822

Superior HealthPlan Clinical Criteria Logic-Leukotriene Modifiers, Zileuton:

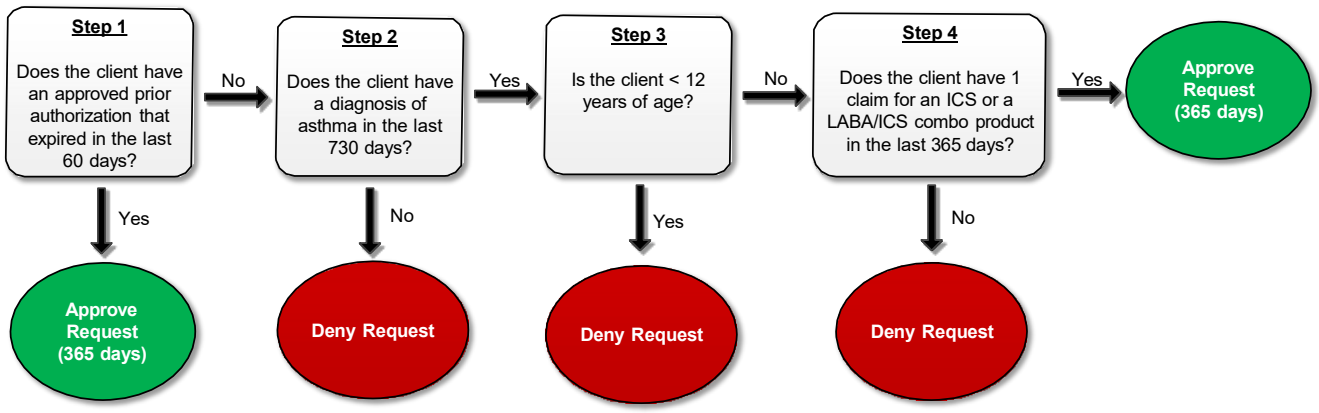
1. Does the client have an approved prior authorization that expired in the last 60 days?
   [ ] Yes (Approve-365 days)
   [ ] No (Go to #2)

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)

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-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
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

Step 3 (claim for an ICS or LABA/ICS combination product) Required quantity: 1 Look back timeframe: 365 days	
Label Name	**GCN**
ARMONAIR RESPICLICK 232MCG	42985
ARMONAIR RESPICLICK 55MCG	42979
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
BECONASE AQ 0.042% SPRAY	47100
BREO ELLIPTA 100-25 MCG INHALER	34647
BREO ELLIPTA 200-25MCG INHALER	35808
BUDESONIDE 0.25MG/2ML	17957
BUDESONIDE 0.5MG/2ML	17958
BUDESONIDE 1MG/2ML INH SUSP	62980
BUDESONIDE 32MCG NASAL SPRAY	40708
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 50MCG SPRAY	62263
FLUTICASONE PROP 50MCG SPRAY	37683
FLUTICASONE-SALMETEROL 55-14	42956
FLUTICASONE-SALMETEROL 113-14	42957
FLUTICASONE-SALMETEROL 232-14	42958
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

Step 3 (claim for an ICS or LABA/ICS combination product) Required quantity: 1 Look back timeframe: 365 days	
Label Name	**GCN**
LEVALBUTEROL TAR HFA 45MCG INH	24422
MOMETASONE FUROATE 50MGCG SPRY	71431
NASONEX 50MCG NASAL SPRAY	71431
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	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 40MCG ORAL INHALER	80128
QVAR 80MCG ORAL INHALER	80131
SYMBICORT 160-4.5MCG INHALER	98500
SYMBICORT 80-45MCG INHALER	98499
TRIAMCINOLONE 55MCG NASAL SPRAY	36145
VENTOLIN HFA 90MCG INHALER	22913
XHANCE 93MCG NASAL SPRAY	43878
XOPENEX 0.31MG/3ML SOLUTION	15665
XOPENEX 0.63MG/3ML SOLUTION	24540
XOPENEX 1.25MG/3ML SOLUTION	24541
XOPENEX HFA 45MCG INHALER	24422

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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.
10/1/2019	Cross referenced tables and references to VDP criteria and updated Tables for step 1, step 3, step 4, step 5, step 7, step 10 Removed Accolate, removed Zyflo, added GCN for Zileuton ER 600mg tablets to Drugs Requiring Prior Authorization table Added 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” to Drugs Requiring Prior Authorization
05/15/20	Added Clinical Criteria Logic questions for Montelukast, Zafirlukast and Zileuton