



# 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:

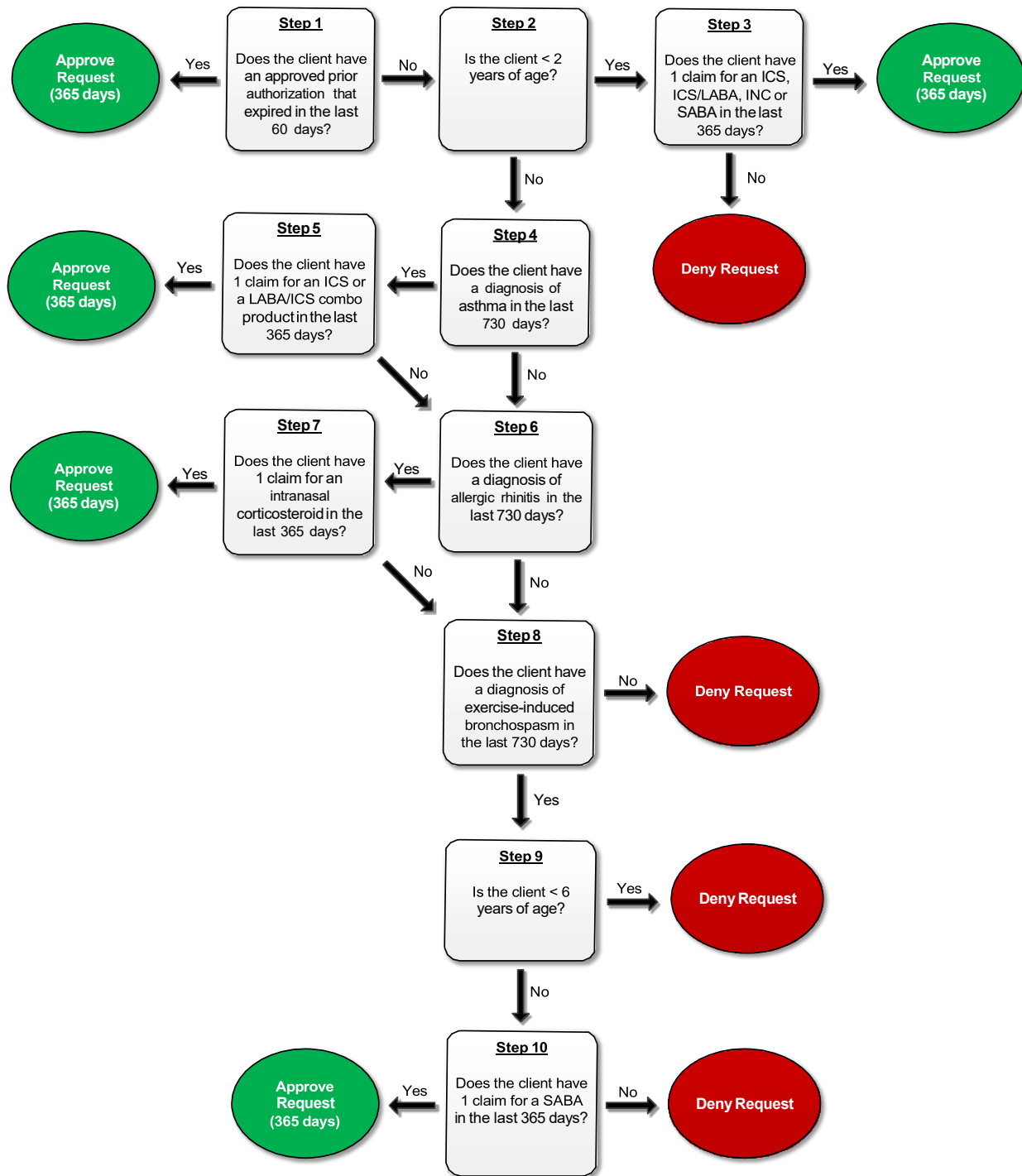
The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](http://TxVendorDrug.com/formulary/formulary-search).

| 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**

| <b>Label Name</b>                | <b>GCN</b> |
|----------------------------------|------------|
| 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 50MCGG 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**

| <b>Label Name</b>               | <b>GCN</b> |
|---------------------------------|------------|
| 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**

| <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  |

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

| <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      |
| 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**

| <b>Label Name</b>            | <b>GCN</b> |
|------------------------------|------------|
| 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**

| <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   |

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

| <b>Label Name</b>             | <b>GCN</b> |
|-------------------------------|------------|
| 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:

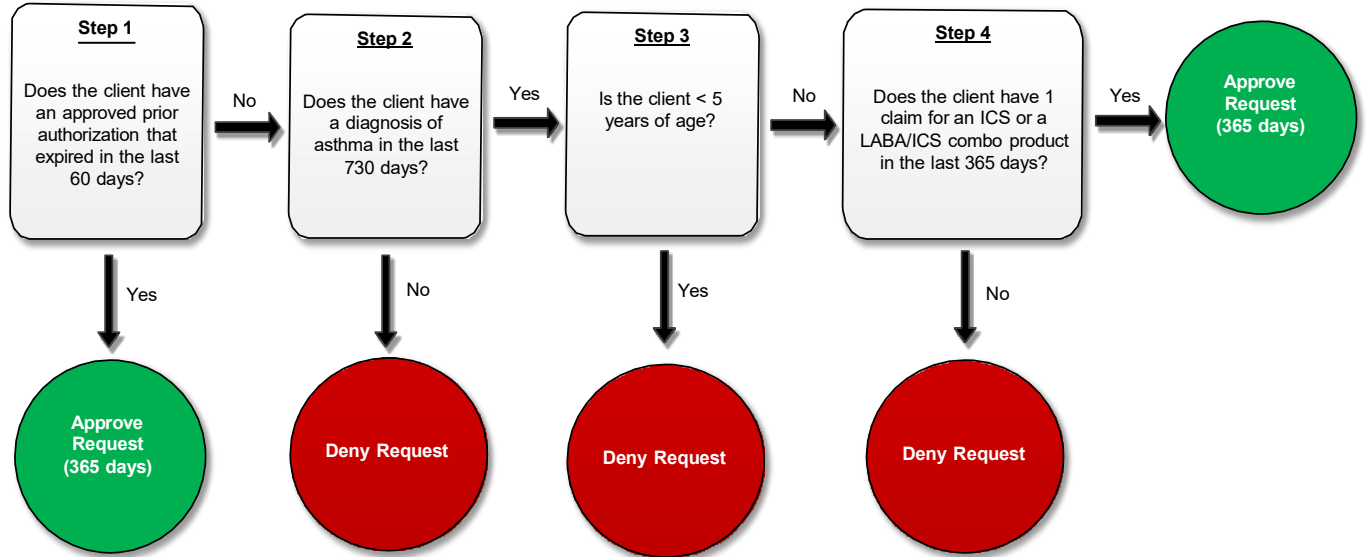
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| Drugs Requiring Prior Authorization |       |
|-------------------------------------|-------|
| Label Name                          | GCN   |
| ZAFIRLUKAST 10MG TABLET             | 52271 |
| ZAFIRLUKAST 20MG TABLET             | 18690 |

## 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:

| <b>Step 1 (diagnosis of asthma)</b><br><b>Required quantity: 1</b><br><b>Look back timeframe: 730 days</b> |   |
|--|---|
| 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           |

| <b>Step 1 (diagnosis of asthma)</b><br><b>Required quantity: 1</b><br><b>Look back timeframe: 730 days</b> |                                   |
|--|-----------------------------------|
| J45909   | UNSPECIFIED ASTHMA, UNCOMPLICATED |
| J4599  | OTHER ASTHMA                      |
| J45998   | OTHER ASTHMA                      |

| <b>Step 3 (claim for an ICS or LABA/ICS combination product)</b><br><b>Required quantity: 1</b><br><b>Look back timeframe: 365 days</b> |       |
|---|-------|
| 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**

| <b>Label Name</b>                 | <b>GCN</b> |
|-----------------------------------|------------|
| 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**

| <b>Label Name</b>                | <b>GCN</b> |
|----------------------------------|------------|
| 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:

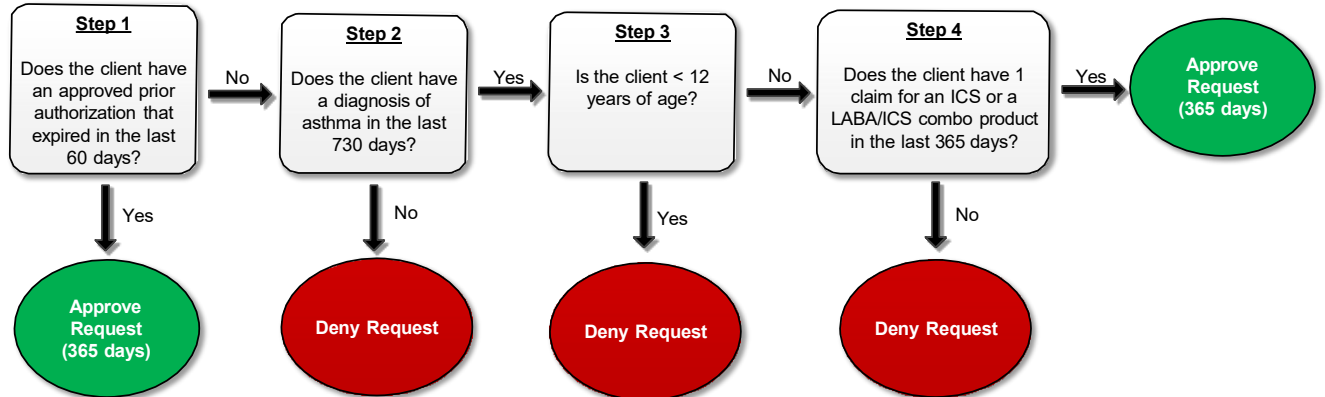
The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](http://TxVendorDrug.com/formulary/formulary-search).

| 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)<br>Required quantity: 1<br>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)<br>Required quantity: 1<br>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**

| <b>Label Name</b>                | <b>GCN</b> |
|----------------------------------|------------|
| 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**

| <b>Label Name</b>               | <b>GCN</b> |
|---------------------------------|------------|
| 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        | <p>Cross referenced tables and references to VDP criteria and updated Tables for step 1, step 3, step 4, step 5, step 7, step 10</p> <p>Removed Accolate, removed Zylflo, added GCN for Zileuton ER 600mg tablets to Drugs Requiring Prior Authorization table</p> <p>Added 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>" to Drugs Requiring Prior Authorization</p> |
| 05/15/20         | Added Clinical Criteria Logic questions for Montelukast, Zafirlukast and Zileuton  |