

Program: Leukotriene modifiers – Accolate and Zyflo

DESCRIPTION

The purpose of this document is to provide approval criteria and guidelines for prior authorization of benefits for Leukotriene modifier medications. Claims submitted without obtaining prior authorization of benefits will reject on the pharmacy claim system.

Applicable lines of business

RlteCare and Managed Pharmacy

Impacted Formulary Medications

Accolate (zafirlukast) 10mg and 20mg Tablets

Zyflo 300mg and 600mg

Zyflo CR 600mg

APPROVAL DURATION AND QUANTITY LIMITS

Approval Duration: Lifetime

APPROVAL CRITERIA:

For Accolate (zafirlukast), those patients that are under 18 years of age, or 18 years of age and over **AND** on either an inhaled corticosteroid (ICS) or B-agonist agent are exempt from this program.

II. Requests for Accolate (zafirlukast) may be approved if:

A. The patient has persistent asthma **AND** is receiving an inhaled corticosteroid, a longacting beta-agonist, or a short acting beta-agonist

III. Requests for Zyflo (zileuton) may be approved if:

A. The patient has persistent asthma **AND** is receiving an inhaled corticosteroid, long acting beta-agonist or short acting beta-agonist **AND**

B. The patient has tried and failed or has had a documented adverse reaction with Accolate and Singulair.

Look Back Criteria in Claims System

Look back 180 days for asthma related medications including beta-agonists, inhaled corticosteroid, if yes, approve, if no, see additional look back below