Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Leukotriene Modifiers

Clinical Criteria Information included in this Document

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- 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); provided when applicable
- References: clinical publications and sources relevant to this clinical criteria

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Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Annual review by staff

Added GCNs for AirDuo (42957,42958), Asmanex (99723,24927), Budesonide (92231), Proventil (20110), Qvar (80128,80131), Fluticasone (37683), and Mometasone (52083) to the Supporting Tables section

Added GCNs for Accolate (52271, 18690) to the Drugs Requiring PA section

Removed GCN for Zyflo CR (98822) from the Drugs Requiring PA section – product discontinued

Updated references

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Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-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

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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 (INC) 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

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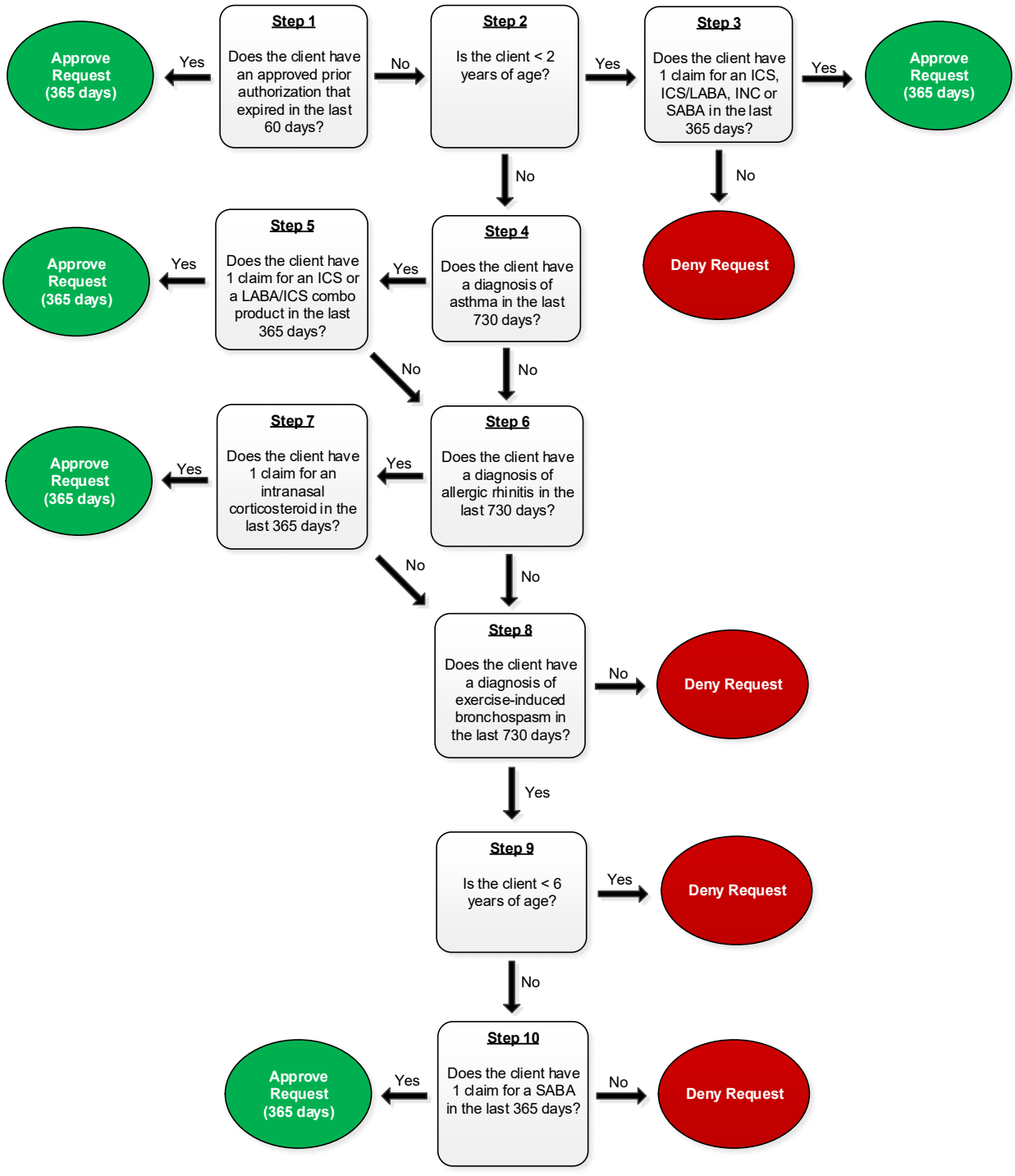
Clinical Criteria Logic Diagram



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Clinical Criteria Supporting Tables

Table 3 (claim for an ICS, ICS/LABA, INC, or SABA) Required quantity: *1* Look back timeframe: *365* days	
GCN	**Label Name**
50584	ADVAIR 100-50 DISKUS
50594	ADVAIR 250-50 DISKUS
50604	ADVAIR 500-50 DISKUS
97136	ADVAIR HFA 115-21MCG INHALER
97137	ADVAIR HFA 230-21MCG INHALER
97135	ADVAIR HFA 45-21MCG INHALER
48494	AIRDUO DIGIHALER 113-14MCG
48495	AIRDUO DIGIHALER 232-14MCG
48489	AIRDUO DIGIHALER 55-14MCG
42956	AIRDUO RESPICLICK 55-14 MCG
42957	AIRDUO RESPICLICK 113-14 MCG
42958	AIRDUO RESPICLICK 232-14 MCG
53534	AIRSUPRA 90-80MCG INHALER
22697	ALBUTEROL 2.5MG/0.5ML SOLUTION
41680	ALBUTEROL 5MG/ML SOLUTION
22913	ALBUTEROL HFA 90MCG INHALER
14633	ALBUTEROL SUL 0.63MG/3ML SOLUTION
14634	ALBUTEROL SUL 1.25MG/3ML SOLUTION
41681	ALBUTEROL SUL 2.5MG/3ML SOLUTION
24152	ALVESCO 160MCG INHALER

Table 3 (claim for an ICS, ICS/LABA, INC, or SABA) Required quantity: *1* Look back timeframe: *365* days	
GCN	**Label Name**
24149	ALVESCO 80MCG INHALER
37007	ARNUITY ELLIPTA 100MCG INHALER
37008	ARNUITY ELLIPTA 200MCG INHALER
44783	ARNUITY ELLIPTA 50MCG INH
99723	ASMANEX TWISTHALER 110MCG #7
99721	ASMANEX TWISTHALR 110MCG #30
18987	ASMANEX TWISTHALR 220MCG #120
24928	ASMANEX TWISTHALR 220MCG #30
24929	ASMANEX TWISTHALR 220MCG #60
24927	ASMANEX TWISTHALER 220 MCG #14
47599	ASMANEX HFA 50 MCG INHALER
37566	ASMANEX HFA 100 MCG INHALER
37565	ASMANEX HFA 200 MCG INHALER
32099	AZELASTIN-FLUTIC 137-50MCG SPRY
35808	BREO ELLIPTA 50-25MCG INHALER
34647	BREO ELLIPTA 100-25MCG INHALER
35808	BREO ELLIPTA 200-25MCG INHALER
98500	BREYNA 160-4.5MCG INHALER
98499	BREYNA 80-4.5MCG INHALER
17957	BUDESONIDE 0.25MG/2ML
17958	BUDESONIDE 0.5MG/2ML
62980	BUDESONIDE 1MG/2ML INH SUSP
40708	BUDESONIDE 32MCG NASAL SPRAY

Table 3 (claim for an ICS, ICS/LABA, INC, or SABA) Required quantity: *1* Look back timeframe: *365* days	
GCN	**Label Name**
92231	BUDESONIDE 32MCG NASAL SPRAY
98500	BUDESONIDE-FORMOTEROL 160-4.5MCG
98499	BUDESONIDE-FORMOTEROL 80-4.5MCG
30139	DULERA 50/5MCG INHALER
28766	DULERA 100/5MCG INHALER
28767	DULERA 200/5MCG INHALER
32099	DYMISTA NASAL SPRAY
53633	FLOVENT 100MCG DISKUS
53634	FLOVENT 250MCG DISKUS
53635	FLOVENT 50MCG DISKUS
53636	FLOVENT HFA 110MCG INHALER
53639	FLOVENT HFA 220MCG INHALER
53638	FLOVENT HFA 44MCG INHALER
53633	FLUTICASONE PROP 100MCG DISKUS
53634	FLUTICASONE PROP 250MCG DISKUS
53635	FLUTICASONE PROP 50MCG DISKUS
53636	FLUTICASONE PROP HFA 110MCG
53639	FLUTICASONE PROP HFA 220MCG
53638	FLUTICASONE PROP HFA 44MCG
62263	FLUTICASONE PROP 50 MCG SPRAY
37683	FLUTICASONE PROP 50 MCG SPRAY
34280	FLUNISOLIDE 0.025% SPRAY
50584	FLUTICASONE-SALMETEROL 100-50

Table 3 (claim for an ICS, ICS/LABA, INC, or SABA) Required quantity: *1* Look back timeframe: *365* days	
GCN	**Label Name**
42957	FLUTICASONE-SALMETEROL 113-14
97136	FLUTICASONE-SALMETEROL 115-21
97137	FLUTICASONE-SALMETEROL 230-21
42958	FLUTICASONE-SALMETEROL 232-14
50594	FLUTICASONE-SALMETEROL 250-50
97135	FLUTICASONE-SALMETEROL 45-21
50604	FLUTICASONE-SALMETEROL 500-50
42956	FLUTICASONE-SALMETEROL 55-14
34647	FLUTICASONE-VILANTEROL 100-25
35808	FLUTICASONE-VILANTEROL 200-25
15665	LEVALBUTEROL 0.31/3ML SOLUTION
24540	LEVALBUTEROL 0.63MG/3ML SOLUTION
24541	LEVALBUTEROL 1.25MG/3ML SOLUTION
23146	LEVALBUTEROL CONC 1.25MG/0.5ML
24422	LEVALBUTEROL TAR HFA 45MCG INH
71431	MOMETASONE FUROATE 50MGCG SPRY
97453	OMNARIS 50MCG NASAL SPRAY
22913	PROAIR HFA 90MCG INHALER
38212	PROAIR RESPICLICK INHAL POWDER
47012	PROAIR DIGIHALER 90 MCG INHALER
22913	PROVENTIL HFA 90MCG INHALER
20110	PROVENTIL 90 MCG INHALER
17957	PULMICORT 0.25MG/2ML RESPULE

Table 3 (claim for an ICS, ICS/LABA, INC, or SABA) Required quantity: *1* Look back timeframe: *365* days	
GCN	**Label Name**
17958	PULMICORT 0.5MG/2ML RESPULE
98025	PULMICORT 180MCG FLEXHALER
62980	PULMICORT 1MG/2ML RESPULE
98024	PULMICORT 90MCG FLEXHALER
37654	QNASL CHILDRENS 40MCG SPRAY
31769	QNASL 80MCG NASAL SPRAY
43724	QVAR REDIHALER 40MCG
43725	QVAR REDIHALER 80MCG
80128	QVAR 40 MCG INHALER
80131	QVAR 80 MCG IMHALER
49205	RYALTRIS 665-25MCG SPRAY
38687	STIOLTO RESPIMAT INHAL SPRAY
98500	SYMBICORT 160-4.5MCG INHALER
98499	SYMBICORT 80-45MCG INHALER
36145	TRIAMCINOLONE 55MCG NASAL SPRAY
22913	VENTOLIN HFA 90MCG INHALER
50584	WIXELA 100-50 INHUB
50594	WIXELA 250-50 INHUB
50604	WIXELA 500-50 INHUB
43878	XHANCE 93MCG NASAL SPRAY
15665	XOPENEX 0.31MG/3ML SOLUTION
24540	XOPENEX 0.63MG/3ML SOLUTION
24541	XOPENEX 1.25MG/3ML SOLUTION

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

Table 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

Table 5 (claim for an ICS or LABA/ICS combination product) Required quantity: *1* Look back timeframe: *365* days	
GCN	**Label Name**
50584	ADVAIR 100-50 DISKUS
50594	ADVAIR 250-50 DISKUS
50604	ADVAIR 500-50 DISKUS
97136	ADVAIR HFA 115-21MCG INHALER
97137	ADVAIR HFA 230-21MCG INHALER
97135	ADVAIR HFA 45-21MCG INHALER
48494	AIRDUO DIGIHALER 113-14MCG
48495	AIRDUO DIGIHALER 232-14MCG
48489	AIRDUO DIGIHALER 55-14MCG
42956	AIRDUO RESPICLICK 55-14 MCG
42957	AIRDUO RESPICLICK 113-14 MCG
42958	AIRDUO RESPICLICK 232-14 MCG
37007	ARNUITY ELLIPTA 100MCG INHALER
37008	ARNUITY ELLIPTA 200MCG INHALER
44783	ARNUITY ELLIPTA 50MCG INH
99721	ASMANEX TWISTHALR 110MCG #30
18987	ASMANEX TWISTHALR 220MCG #120
24928	ASMANEX TWISTHALR 220MCG #30
24929	ASMANEX TWISTHALR 220MCG #60
47599	ASMANEX HFA 50 MCG INHALER
37566	ASMANEX HFA 100 MCG INHALER
37565	ASMANEX HFA 200 MCG INHALER
99723	ASMANEX TWISTHALER 110MCG #7

Table 5 (claim for an ICS or LABA/ICS combination product) Required quantity: *1* Look back timeframe: *365* days	
GCN	**Label Name**
24927	ASMANEX TWISTHALER 220 MCG #14
35808	BREO ELLIPTA 50-25MCG INHALER
34647	BREO ELLIPTA 100-25 MCG INHALER
35808	BREO ELLIPTA 200-25MCG INHALER
98500	BREYNA 160-4.5MCG INHALER
98499	BREYNA 80-4.5MCG INHALER
17957	BUDESONIDE 0.25MG/2ML
17958	BUDESONIDE 0.5MG/2ML
62980	BUDESONIDE 1MG/2ML INH SUSP
98500	BUDESONIDE-FORMOTEROL 160-4.5MCG
98499	BUDESONIDE-FORMOTEROL 80-4.5MCG
92231	BUDESONIDE 32 MCG NASAL SPRAY
30139	DULERA 50/5MCG INHALER
28766	DULERA 100/5MCG INHALER
28767	DULERA 200/5MCG INHALER
53633	FLOVENT 100MCG DISKUS
53634	FLOVENT 250MCG DISKUS
53635	FLOVENT 50MCG DISKUS
53636	FLOVENT HFA 110MCG INHALER
53639	FLOVENT HFA 220MCG INHALER
53638	FLOVENT HFA 44MCG INHALER
53633	FLUTICASONE PROP 100MCG DISKUS
53634	FLUTICASONE PROP 250MCG DISKUS

Table 5 (claim for an ICS or LABA/ICS combination product) Required quantity: *1* Look back timeframe: *365* days	
GCN	**Label Name**
53635	FLUTICASONE PROP 50MCG DISKUS
53636	FLUTICASONE PROP HFA 110MCG
53639	FLUTICASONE PROP HFA 220MCG
53638	FLUTICASONE PROP HFA 44MCG
50584	FLUTICASONE-SALMETEROL 100-50
42956	FLUTICASONE-SALMETEROL 55-14
42957	FLUTICASONE-SALMETEROL 113-14
97136	FLUTICASONE-SALMETEROL 115-21
97137	FLUTICASONE-SALMETEROL 230-21
42958	FLUTICASONE-SALMETEROL 232-14
50594	FLUTICASONE-SALMETEROL 250-50
97135	FLUTICASONE-SALMETEROL 45-21
50604	FLUTICASONE-SALMETEROL 500-50
34647	FLUTICASONE-VILANTEROL 100-25
35808	FLUTICASONE-VILANTEROL 200-25
17957	PULMICORT 0.25MG/2ML RESPULE
17958	PULMICORT 0.5MG/2ML
98025	PULMICORT 180MCG FLEXHALER
62980	PULMICORT 1MG/2ML RESPULE
98024	PULMICORT 90MCG FLEXHALER
80128	QVAR 40 MCG INHALER
80131	QVAR 90 MCG INHALER
43724	QVAR REDIHALER 40MCG

Table 5 (claim for an ICS or LABA/ICS combination product) Required quantity: *1* Look back timeframe: *365* days	
GCN	**Label Name**
43725	QVAR REDIHALER 80MCG
98500	SYMBICORT 160-4.5MCG INHALER
98499	SYMBICORT 80-45MCG INHALER
50584	WIXELA 100-50 INHUB
50594	WIXELA 250-50 INHUB
50604	WIXELA 500-50 INHUB

Table 6 (diagnosis of allergic rhinitis) Required diagnosis: *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

Table 7 (claim for an intranasal corticosteroid) Required quantity: *1* Look back timeframe: *365* days	
GCN	**Label Name**
32099	AZELASTIN-FLUTIC 137-50MCG SPRY
92231	BUDESONIDE 32MCG NASAL SPRAY
40708	BUDESONIDE 32MCG NASAL SPRAY

Table 7 (claim for an intranasal corticosteroid) Required quantity: *1* Look back timeframe: *365* days	
GCN	**Label Name**
32099	DYMISTA NASAL SPRAY
34280	FLUNISOLIDE 0.025% SPRAY
62263	FLUTICASONE PROP 50MCG SPRAY
37683	FLUTICASONE PROP 50MCG SPRAY
71431	MOMETASONE FUROATE 50MGCG SPRY
52083	MOMETASONE FUROATE 50MGCG SPRY
97453	OMNARIS 50MCG NASAL SPRAY
37654	QNASL CHILDRENS 40MCG SPRAY
31769	QNASL 80MCG NASAL SPRAY
49205	RYALTRIS 665-25MCG SPRAY
43878	XHANCE 93MCG NASAL SPRAY

Table 8 (diagnosis of exercise-induced bronchospasm) Required diagnosis: *1* Look back timeframe: *730* days	
ICD-10 Code	**Description**
J45990	EXERCISE INDUCED BRONCHOSPASM

Table 10 (claim for a SABA) Required quantity: *1* Look back timeframe: *365* days	
GCN	**Label Name**
22697	ALBUTEROL 2.5MG/0.5ML SOLUTION
41680	ALBUTEROL 5MG/ML SOLUTION

Table 10 (claim for a SABA) Required quantity: *1* Look back timeframe: *365* days	
GCN	**Label Name**
14633	ALBUTEROL SUL 0.63MG/3ML SOLUTION
14634	ALBUTEROL SUL 1.25MG/3ML SOLUTION
41681	ALBUTEROL SUL 2.5MG/3ML SOLUTION
15665	LEVALBUTEROL 0.31/3ML SOLUTION
24540	LEVALBUTEROL 0.63MG/3ML SOLUTION
24541	LEVALBUTEROL 1.25MG/3ML SOLUTION
23146	LEVALBUTEROL CONC 1.25MG/0.5ML
24422	LEVALBUTEROL TAR HFA 45MCG INH
22913	PROAIR HFA 90MCG INHALER
38212	PROAIR RESPICLICK INHAL POWDER
22913	PROVENTIL HFA 90MCG INHALER
22913	VENTOLIN HFA 90MCG INHALER
15665	XOPENEX 0.31MG/3ML SOLUTION
24540	XOPENEX 0.63MG/3ML SOLUTION
24541	XOPENEX 1.25MG/3ML SOLUTION
24422	XOPENEX HFA 45MCG INHALER

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Drugs Requiring Prior Authorization

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

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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

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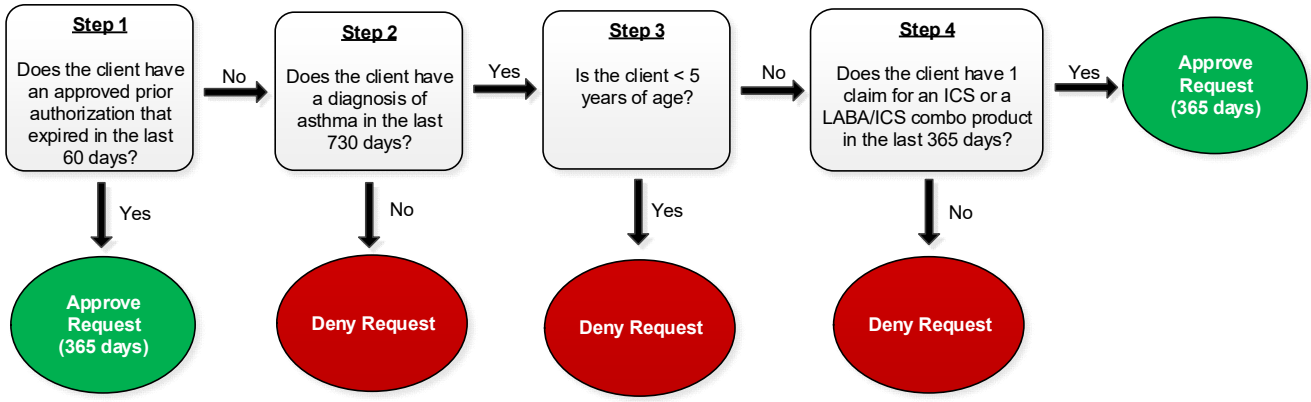
Clinical Criteria Logic Diagram



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Clinical Criteria Supporting Tables

Table 2 (diagnosis of asthma)

Required diagnosis: *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.

Table 4 (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.

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Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

Drugs Requiring Prior Authorization	
Label Name	**GCN**
ZILEUTON ER 600MG TABLET	98822
ZYFLO 600MG TABLET	40321

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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

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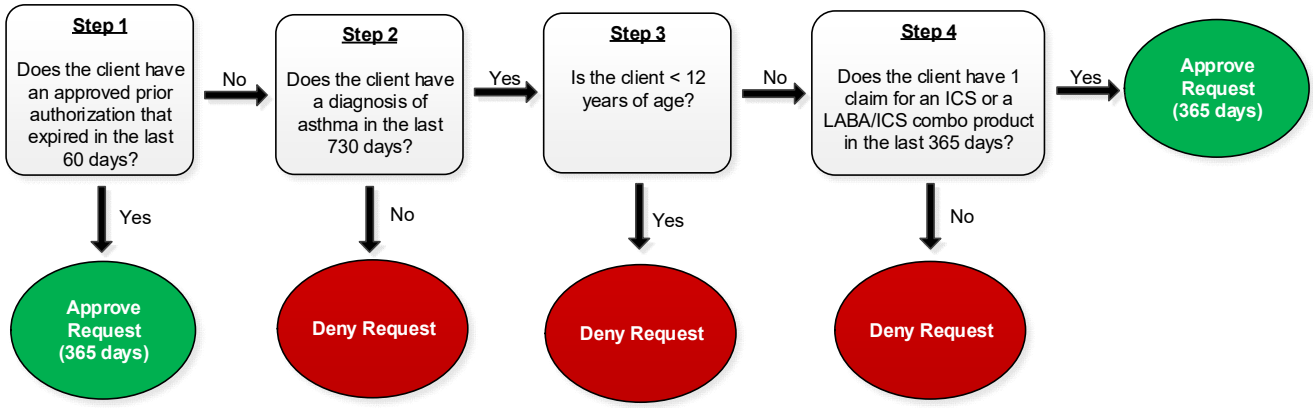
Clinical Criteria Logic Diagram



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Clinical Criteria Supporting Tables

Table 2 (diagnosis of asthma)
Required diagnosis: *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.

Table 4 (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.

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Clinical Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2025. Available at www.clinicalpharmacology.com. Accessed on May 27, 2025.

2. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on May 27, 2025.

3. 2025 ICD-10-CM Diagnosis Codes, Volume 1. 2025. Available at www.icd10data.com. Accessed on May 27, 2025.

4. Global Initiative for Asthma (GINA). Global Strategy for Asthma Management and Prevention. 2024 update.

5. Montelukast Prescribing Information. Piscataway, NJ. Camber Pharmaceuticals, Inc. August 2020.

6. Zilueton Prescribing Information. Baltimore, MD. Lupin Pharmaceuticals, Inc. August 2020.

7. Zafirlukast Prescribing Information. East Brunswick, NJ. Stides Pharma Science Limited. April 2023.

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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.

Publication Date	Notes
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 TxVendorDrug.com/formulary/formulary-search.) 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)

Publication Date	Notes
	• Removed GCNs for Beconase AQ (47100) and Nasonex (71431) – products have been discontinued • Updated references
08/31/2024	• Annual review by staff • Added GCNs for Airsupra (53534), albuterol HFA (22913), Breo Ellipta (35808), and fluticasone-salmeterol (50584, 97136, 97137, 50594, 97135, 50604) to ICS, ICS/LABA, INC or SABA table • Removed GCNs for Armonair (42985, 42979, 48602, 48604, 48615) from ICS, ICS/LABA, INC or SABA table – product has been discontinued • Updated references
12/02/2024	• Added GCN for Zyflo (40321) to Drugs Requiring PA table
06/30/2025	• Annual review by staff • Added GCNs for AirDuo (42957,42958), Asmanex (99723,24927), Budesonide (92231), Proventil (20110), Qvar (80128,80131), Fluticasone (37683), and Mometasone (52083) to the Supporting Tables section • Added GCNs for Accolate (52271, 18690) to the Drugs Requiring PA section • Removed GCN for Zyflo CR (98822) from the Drugs Requiring PA section – product discontinued • Updated references