

Market Applicability/Effective Date															
Market	FL & FHK	FL MMA	FL LTC	GA	IND	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	NA	NA	X	X	NA	X	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Medication	Quantity Limit
Zyflo (zileuton)	N/A
Zyflo CR (zileuton)	N/A

OVERRIDE(S)

Prior Authorization of Benefits

APPROVAL DURATION

1 year

APPROVAL CRITERIA

Requests for **Zyflo and Zyflo CR (zileuton and zileuton extended release)** may be approved if the following criteria is met:

- I. Individual is 12 years of age or older; **AND**
- II. The individual is using for the prophylaxis and chronic treatment of persistent asthma; **AND**
- III. The individual is using in combination with an orally inhaled corticosteroid; **AND**
- IV. The individual has had a trial of or a documented intolerance to montelukast and zafirlukast.

Zyflo/Zyflo CR (zileuton/zileuton extended-release) may not be approved for the following:

- I. Individual has a diagnosis of active liver disease or persistent hepatic function enzyme elevations greater than or equal to 3 times the upper limit of normal; **OR**
- II. Individual is using to reverse bronchospasms in acute asthma attacks, including status asthmaticus.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.