

Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Zileuton (Zyflo CR)

Non-formulary **zileuton (Zyflo CR)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescriber is an Allergist or Pulmonologist
- Diagnosis of asthma
- Patient is at least 12 years of age
- Treatment optimized with inhaled corticosteroid/long acting beta-2 agonist combo product
- Patient has documented contraindication, intolerance, or treatment failure to both montelukast and zafirlukast
- No contraindications to use including:
 - Active liver disease **-OR-**
 - persistent liver enzyme (ALT & AST) elevations of three times the upper limit of normal (ULN)

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All plans offered and underwritten by
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