

Leukotriene Inhibitors
Effective 05/01/2024

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input checked="" type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

Overview

Prescriptions that meet the initial step therapy requirements will adjudicate automatically at the point of sale. If the prescription does not meet the initial step therapy requirements, the prescription will deny with a message indicating that prior authorization (PA) is required. Refer to the criteria below and submit a PA request for the members who do not meet the initial step therapy requirements at the point of sale.

Initial Step-Therapy Requirements:

First-Line: Medications listed on first-line are covered without prior-authorization.

Second-Line: Second-line medications will pay if the member has filled all first-line medications or a second-line medication within the past 180 days.

Coverage Guidelines

FIRST-LINE	SECOND-LINE
montelukast zafirlukast	zileuton ER

If a member does not meet the initial step therapy requirements, then approval of a second-line medication will be granted if the member meets the following criteria:

Limitations

- Approvals will be granted for 36 months.
- The following quantity limits apply:

montelukast	30 units per month
zafirlukast	60 tablets per month
Zyflo & zileuton ER	120 tablets per month

References

1. Zflo (zileuton) [prescribing information]. Lexington, MA: Cornerstone Therapeutics; May 2017.
2. Zflo CR (zileuton) [prescribing information]. Cary, NC: Chiesi USA Inc; March 2019.
3. Singulair (montelukast sodium) [prescribing information]. Whitehouse Station, NJ: Merck Sharp & Dohme Corp; June 2021.
4. Zafirlukast. Lexi-Interact [database online]. Hudson, OH: Lexicomp Inc; 2015. <http://online.lexi.com>.
5. Seidman MD, Gurgel RK, Lin SY, et al; Guideline Otolaryngology Development Group. AAO-HNSF. Clinical practice guideline: Allergic rhinitis. Otolaryngol Head Neck Surg. 2015;152(1 Suppl):S1-S43.[PubMed 25644617]
6. Pacor ML, Di Lorenzo G, Corrocher R. Efficacy of leukotriene receptor antagonist in chronic urticaria. A double-blind, placebo-controlled comparison of treatment with montelukast and cetirizine in patients with chronic urticaria with intolerance to food additive and/or acetylsalicylic acid. Clin Exp Allergy. 2001;31(10):1607-1614.[PubMed 11678862]
7. Singulair (montelukast sodium) granule; tablet, chewable; tablet, film coated [package insert]. Whitehouse Station, NJ: Merck & Company, Inc; 2009
8. Szeffler SJ, Carlsson LG, Uryniak T, Baker JW. Budesonide inhalation suspension versus montelukast in children aged 2 to 4 years with mild persistent asthma. J Allergy Clin Immunol Pract. 2013;1(1):58-64.[PubMed 24229823]
9. Dykewicz MS, Wallace DV, Baroody F, Bernstein J, et al. Treatment of seasonal allergic rhinitis: An evidence-based focused 2017 guideline update. Ann Allergy Asthma Immunol. 2017;119(6):489-511.e41.[PubMed 29103802]10.1016/j.anai.2017.08.012
10. Reimers A, Pichler C, Helbling A, Pichler WJ, Yawalkar N. Zafirlukast has no beneficial effects in the treatment of chronic urticaria. Clin Exp Allergy. 2002;32(12):1763-1768.[PubMed 12653169]
11. Global Initiative for Asthma. Global strategy for asthma management and prevention. http://www.ginasthma.org/pdf/GINA_Report_2021.pdf.

Review History

09/26/05 – Updated
 06/26/06 – Reviewed
 06/18/07 – Updated
 10/22/07 – Bi-weekly Drug File
 04/09/08 – Cetirizine/Zyrtec
 06/16/08 – Updated
 04/27/09 – Updated
 10/06/09 – Specialist consult questions
 11/23/09 – Updated
 02/04/10 – Zflo IR
 11/22/10 – Reviewed
 01/12/11 – Zafirlukast 12/20/10 file);
 04/04/11 – Dulera look-backs after NDR reviewed
 04/11/11 – Allergic rhinitis with fexofenadine OTC
 11/28/11 – Reviewed
 08/08/12 – Montelukast tabs/chews generic
 11/26/12 – Updated
 12/01/12 – Montelukast granules



11/25/13 – Reviewed

11/24/14 – Updated

11/23/15 – Reviewed

09/19/16 – Move Montelukast to 1st line

11/27/17 – Reviewed

11/26/18 – Reviewed

09/22/21 – Reviewed Sept P&T; no clinical changes; references updated.

04/10/24 – Reviewed April P&T; Removed inhaled corticosteroids from first line agents. Moved montelukast and zafirlukast to first-line, Zflo (brand) moved to NF. Effective 5/1/2024

