GEORGIA MEDICAID FEE-FOR-SERVICE
LEUKOTRIENE MODIFIERS PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montelukast tablets and chewable tablets generic</td>
<td>Zafirlukast generic</td>
</tr>
<tr>
<td>Montelukast granules generic*</td>
<td>Zyflo (zileuton)</td>
</tr>
<tr>
<td></td>
<td>Zileuton extended-release generic</td>
</tr>
</tbody>
</table>

*preferred but requires prior authorization

LENGTH OF AUTHORIZATION: 1 Year

NOTE: Montelukast granules generic is preferred but requires prior authorization (PA).

PA CRITERIA:

Montelukast Granule Generic
- Approvable for members 12-23 months of age with a diagnosis of asthma.
- Approvable for members 6-23 months of age with a diagnosis of perennial allergic rhinitis.

Zafirlukast Generic
- Approvable for members 5 years of age or older with a diagnosis of asthma who have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect to montelukast.

Zyflo and Zileuton Extended-Release Generic
- Approvable for members 12 years of age or older with a diagnosis of asthma who have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect to montelukast.

EXCEPTIONS:
- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling OptumRx at 1-866-525-5827.

PREFERRED DRUG LIST:
- For online access to the Preferred Drug List (PDL), please go to http://dch.georgia.gov/preferred-drug-lists.

PA and APPEAL PROCESS:
- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.
QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on Other Documents, then select the most recent quarters QLL List.