



**GEORGIA MEDICAID FEE-FOR-SERVICE
LEUKOTRIENE MODIFIERS PA SUMMARY**

Preferred	Non-Preferred
Montelukast tablets and chewable tablets generic Montelukast granules generic*	Zafirlukast generic Zyflo (zileuton) Zileuton extended-release generic

*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.