



Prior Authorization Zafirlukast (Accolate)

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
ZAFIRLUKAST 10MG TABLET	52271
ZAFIRLUKAST 20MG TABLET	18690

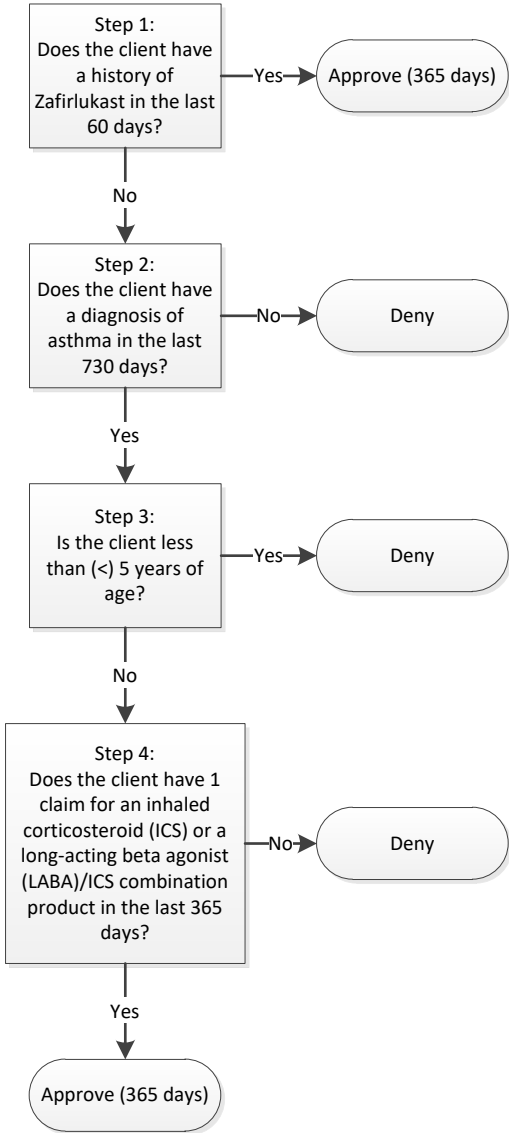
Clinical Edit Criteria Logic

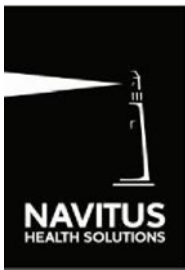
1. Does the client have a history of Zafirlukast in the last 60 days? <input type="checkbox"/> Yes (Approve – 365 Days) <input type="checkbox"/> No (Go to #2)
2. Does the client have a diagnosis of asthma in the last 730 days? <input type="checkbox"/> Yes (Go to #3) <input type="checkbox"/> No (Deny)
3. Is the client less than (<) 5 years of age? <input type="checkbox"/> Yes (Deny) <input type="checkbox"/> No (Go to #4)
4. Does the client have 1 claim for an inhaled corticosteroid (ICS) or a long-acting beta agonist (LABA)/ICS combination product in the last 365 days? <input type="checkbox"/> Yes (Approve – 365 Days) <input type="checkbox"/> No (Deny)



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Clinical Edit criteria Logic Diagram





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Clinical Edit Criteria Supporting Tables

Step 2 (diagnosis of asthma)	
Required quantity: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
J454	MODERATE PERSISTENT ASTHMA
J4540	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED
J4541	MODERATE PERSISTENT ASTHMA, WITH (ACUTE) EXACERBATION
J4542	MODERATE PERSISTENT ASTHMA, WITH STATUS ASTHMATICUS
J455	SEVERE PERSISTENT ASTHMA
J4550	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED
J4551	SEVERE PERSISTENT ASTHMA, WITH (ACUTE) EXACERBATION
J4552	SEVERE PERSISTENT ASTHMA, WITH STATUS ASTHMATICUS
J459	OTHER AND UNSPECIFIED ASTHMA
J4590	UNSPECIFIED ASTHMA
J45901	UNSPECIFIED ASTHMA, WITH (ACUTE) EXACERBATION
J45902	UNSPECIFIED ASTHMA, WITH STATUS ASTHMATICUS
J45909	UNSPECIFIED ASTHMA, UNCOMPLICATED
J4599	OTHER ASTHMA
J45998	OTHER ASTHMA

Step 4 (claim for an ICS or LABA/ICS combination product)	
Required quantity: 1	
Look back timeframe: 365 days	
Label Name	GCN
ADVAIR 100-50 DISKUS	50584
ADVAIR 250-50 DISKUS	50594
ADVAIR 500-50 DISKUS	50604
ADVAIR HFA 115-21MCG INHALER	97136
ADVAIR HFA 230-21MCG INHALER	97137
ADVAIR HFA 45-21MCG INHALER	97135
ALVESCO 160MCG INHALER	24152
ALVESCO 80MCG INHALER	24149
ARMONAIR RESPICLICK 232MCG	42985
ARMONAIR RESPICLICK 55MCG	42979
ARNUITY ELLIPTA 100MCG INHALER	37007
ARNUITY ELLIPTA 200MCG INHALER	37008



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ARNUITY ELLIPTA 50MCG INH	44783
ASMANEX TWISTHALR 110MCG #30	99721
ASMANEX TWISTHALR 220MCG #120	18987
ASMANEX TWISTHALR 220MCG #30	24928
ASMANEX TWISTHALR 220MCG #60	24929
BREO ELLIPTA 100-25 MCG INHALER	34647
BREO ELLIPTA 200-25MCG INHALER	35808
BUDESONIDE 0.25MG/2ML	17957
BUDESONIDE 0.5MG/2ML	17958
BUDESONIDE 1MG/2ML INH SUSP	62980
DULERA 100/5MCG INHALER	28766
DULERA 200/5MCG INHALER	28767
FLOVENT 100MCG DISKUS	53633
FLOVENT 250MCG DISKUS	53634
FLOVENT 50MCG DISKUS	53635
FLOVENT HFA 110MCG INHALER	53636
FLOVENT HFA 220MCG INHALER	53639
FLOVENT HFA 44MCG INHALER	53638
FLUTICASONE-SALMETEROL 55-14	42956
FLUTICASONE-SALMETEROL 113-14	42957
FLUTICASONE-SALMETEROL 232-14	42958
PULMICORT 0.25MG/2ML RESPULE	17957
PULMICORT 0.5MG/2ML	17958
PULMICORT 180MCG FLEXHALER	98025
PULMICORT 1MG/2ML RESPULE	62980
PULMICORT 90MCG FLEXHALER	98024
QVAR REDIHALER 40MCG	43724
QVAR REDIHALER 80MCG	43725
SYMBICORT 160-4.5MCG INHALER	98500
SYMBICORT 80-45MCG INHALER	98499



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Clinical Edit Criteria References

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Publication History

Publication Date	Notes
12/01/2015	Initial publication and posting
01/18/2018	Updated GCNs for short-acting beta-agonists and intranasal corticosteroids
5/10/2019	Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search .) on each 'Drug Requiring PA' table
8/28/2019	Removed ICD-9 codes