

PHARMACY PRE-AUTHORIZATION CRITERIA



DRUG (S)	Zyflo CR (zileuton controlled release tablets)
POLICY #	14158
INDICATIONS	Zyflo CR is indicated for the prophylaxis and chronic treatment of asthma in adults and children 12 years of age and older.
CRITERIA	ConnectiCare considers Zyflo CR to be medically necessary in patients who meet the following criteria; 1. Patient has a diagnosis of asthma AND 2. Patient has had an intolerance to, or treatment failure of Singulair (montelukast) AND zafirlukast.
REFERENCES	Zyflo CR full prescribing information. Lexington, MA. Critical Therapeutics Inc.
P&T REVIEW HISTORY	3/08, 6/08, 9/09, 9/10, 12/11, 10/12, 10/13, 10/14, 11/15, 11/16, 11/17, 11/18
REVISION RECORD	11/17