



Commercial/Healthcare Exchange PA Criteria Effective: January 1, 2021

Prior Authorization: Zyflo

Products Affected: Zyflo (zileuton) 600mg film tablets, zileuton extended release tablets

Medication Description: Zyflo is a specific 5-lipoxygenase inhibitor which inhibits leukotriene formation. Leukotrienes augment neutrophil and eosinophil migration, neutrophil and monocyte aggregation, leukocyte adhesion, increased capillary permeability, and smooth muscle contraction (which contribute to inflammation, edema, mucous secretion, and bronchoconstriction in the airway of the asthmatic).

Covered Uses: Prophylaxis and chronic treatment of asthma in adults and children 12 years of age and older.

Exclusion Criteria:

1. Active liver disease or transaminase elevations greater than or equal to three times the upper limit of normal

Required Medical Information:

1. Diagnosis
2. Previous medications tried/failed

Age Restrictions: 12 years of age and older

Prescriber Restrictions: N/A

Coverage Duration: 12 months

Other Criteria:

- A. Patient has a diagnosis of asthma; **AND**
- B. Patient has had a treatment failure, intolerance, or contraindication to montelukast **AND** zafirlukast.

References:

1. Zyflo [Prescribing Information] Cary, NC: Chiesi USA, Inc; January 2012. Accessed December 9, 2020.
2. Zyflo CR [Prescribing Information] Cary, NC: Chiesi USA, Inc; December 2018. Accessed December 9, 2020.

Policy Revision History:

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	March 2008

January 2021

2	Update	<p>Added: Zyflo (zileuton) 600mg film tablets to products affected</p> <p>Updated Template from CCI to EH</p> <p>Updated exclusion criteria</p> <p>CCI 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</p> <p>CCI Revision Record: 11/17</p>	All	1/1/2021
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