SmartPA Criteria Proposal

Drug/Drug Class:	Leukotriene Modifiers PDL Edit
First Implementation Date:	January 3, 2008
Proposed Date:	March 19, 2020
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	☒Existing Criteria ☐Revision of Existing Criteria ☐New Criteria

Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected: Leukotriene receptor antagonists work selectively and competitively on cysteinyl leukotriene receptors, which are components of slow-reacting substance of anaphylaxis. Leukotriene production and receptor occupation have been correlated with the pathophysiology of asthma and allergy, including airway edema, smooth muscle constriction and altered cellular activity associated with the inflammatory process. These agents are not recommended as first line therapy by the National Asthma Education and Prevention Program guidelines but instead alternatives for moderate persistent and mild persistent asthma for both pediatric and adult participants.

Total program savings for the PDL classes will be regularly reviewed.

Program-Specific Information:

Preferred Agents	Non-Preferred Agents
• Montelukast	• Accolate® • Singulair® • Zafirlukast • Zileuton ER • Zyflo®

Type of Criteria:
☐ **Increased risk of ADE** ☒ **Preferred Drug List**
☐ **Appropriate Indications** ☐ **Clinical Edit**

Data Sources:
☐ **Only Administrative Databases** ☒ **Databases + Prescriber-Supplied**

Setting & Population

- Drug class for review: Leukotriene Modifiers
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents
  - Documented trial period of preferred agents
  - Documented ADE/ADR to preferred agents

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Claim exceeds maximum dosing limitation for the following (Dose Opt or 716 Criteria):

Drug Description	Generic Equivalent	Max Dosing Limitation
Singulair 10 mg	Montelukast	1 tablet per day

Required Documentation

Laboratory Results:	☐	Progress Notes:	☐
MedWatch Form:	☐	Other:	☐

Disposition of Edit

Denial: Exception Code “0160” (Preferred Drug List)
Rule Type: PDL

Default Approval Period

1 year

References

1. Evidence-Based Medicine and Fiscal Analysis: “Leukotriene Modifiers – Therapeutic Class Review”, Conduent Business Services, L.L.C., Richmond, VA; January 2020.
2. Evidence-Based Medicine Analysis: “Leukotriene Modifiers”, UMKC-DIC; January 2020.
3. National Asthma Education and Prevention Program. Expert panel report 3: guidelines for the diagnosis and management of asthma. http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.pdf. Published 2007.
4. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2020.
5. USPDI, Micromedex; 2020.
6. Facts and Comparisons eAnswers (online); 2020 Clinical Drug Information, LLC.