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:

<table>
<thead>
<tr>
<th>Preferred Agents</th>
<th>Non-Preferred Agents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montelukast</td>
<td>Accolate®</td>
</tr>
<tr>
<td></td>
<td>Singulair®</td>
</tr>
<tr>
<td></td>
<td>Zafirlukast</td>
</tr>
<tr>
<td></td>
<td>Zileuton ER</td>
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<tr>
<td></td>
<td>Zyflo®</td>
</tr>
</tbody>
</table>

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

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

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:

<table>
<thead>
<tr>
<th>Drug Description</th>
<th>Generic Equivalent</th>
<th>Max Dosing Limitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Singulair 10 mg</td>
<td>Montelukast</td>
<td>1 tablet per day</td>
</tr>
</tbody>
</table>

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

5. USPDI, Micromedex; 2020.
6. Facts and Comparisons eAnswers (online); 2020 Clinical Drug Information, LLC.