Non-formulary zileuton (Zyflo®) will be covered on the prescription drug benefit when the following criteria are met:

- Prescriber is an or Allergist or Pulmonologist
  - AND -
- Diagnosis of asthma
  - AND -
- Patient is at least 12 years of age
  - AND -
- Treatment optimized with inhaled corticosteroid/long acting beta-2 agonist combo product
  - AND -
- Patient has documented contraindication, intolerance, or treatment failure to both montelukast and zafirlukast
  - AND -
- No contraindications such as:
  - Active liver disease -OR-
  - persistent liver enzyme (ALT & AST) elevations 3x ULN