

**zileuton immediate-release (ZYFLO)**  
**zileuton extended-release (ZYFLO CR)**

**Diagnoses Considered for Coverage:**

- Asthma

**Coverage Criteria:**

**For asthma:**

- Dose does not exceed FDA label maximum, **and**
- Inadequate response, intolerable side effect, or contraindication to montelukast (Singulair), **and**

**Coverage Duration: one year**

**References:**

1. Peters-Golden, M. Antileukotriene agents in the management of asthma. In: UpToDate, Post, TW (Ed), UpToDate, Waltham, MA, 2021.
2. Global Strategy for Asthma Management and Prevention, Global Initiative for Asthma (GINA). [www.ginasthma.org](http://www.ginasthma.org).
3. Zyflo CR. Package insert. Chiesi USA, Inc. 2018.

Effective Date: 08/30/2023