

# WELLCHOICE™

## PRIOR AUTHORIZATION CRITERIA

Generic/Brand: **Montelukast (Singulair)**  
Therapeutic Class: **Leukotriene Receptor Antagonist (LTA)**

### CRITERIA FOR APPROVAL:

#### Indications:

The member will have one of the following diagnoses:

1. Chronic Treatment of Asthma
2. Prophylaxis of Asthma
3. Seasonal Allergic Rhinitis

#### Requirements:

1. Requests for these medications may be approved in compliance with the formulary benefits of the member's contract for the chronic treatment of asthma or prophylaxis of asthma.
2. Requests for Singulair in the treatment of seasonal allergic rhinitis may be approved in members who have failed therapy with a non-sedating antihistamine medication (NSA) (Claritin, Clarinex, Zyrtec or Allegra) or a combination NSA/decongestant medication (Claritin D, Zyrtec D or Allegra D) or have a medical reason to avoid the use of these medications.
3. Requests for Singulair may be approved for the indications noted above for members who have filled a medication used in the treatment of Asthma within the previous 6 months.
4. Singulair may also be made available to membership via a Step Therapy Program as outlined below.

#### ALTERNATIVES (for Seasonal Allergic Rhinitis) INCLUDE:

- Loratadine (Claritin)
- Loratadine/pseudoephedrine (Claritin D)

#### FORMULARY ALTERNATIVES (For Asthma) INCLUDE:

- Accolate (Zafirlukast)

#### LENGTH OF APPROVAL:

The length of time requested by the prescriber, but no longer than 1 year. A new request for review would need to be made when approval expires and should include patient's clinical response to the drug.

#### Singulair Step Therapy Guidelines

When a member presents a prescription for Singulair at the point of service, the AdvancePCS AS400 database will search the member's prescription records to determine if the member has filled a prescription for at least a one day supply of one of the following medications commonly used in the treatment of asthma under the Empire Pharmacy benefit in the previous 360 days:

Leukotriene Receptor Antagonists	Accolate	Zafirlukast
	Singulair	Montelukast
5-Lipoxygenase Inhibitor	Zyflo	Zileuton
Theophylline Products	Theo-Dur, Theocron, Theo-24, Uniphyll	Theophylline
Inhaled Corticosteroids	QVAR	Beclomethasone MDI
	Pulmicort Turbinaler	Budesonide MDI
	Pulmicort Respinaler	Budesonide Inh. Soln
	Aerobid	Flunisolide MDI
	Flovent	Fluticasone MDI, Rotadisk
	Azmacort	Triamcinolone MDI
Mast Cell Stabilizers	Intal Inhaler	Cromolyn sodium MDI
	Intal Neb. Soln.	Cromolyn Sodium Inh Soln
	Nedocromil Sodium	Tilade MDI

Adrenergic Bronchodilators	Serevent Inhaler	Salmeterol MDI, Diskus
	Forail Aerolizer	Formoterol MDI
	Xopenex	Levalbuterol inh Soln
	Ventolin (HFA), Proventil (HFA), Ventolin Rotacaps	Albuterol MDI, inh soln
	Volmax,	Albuterol sustained release tablets
	Tornalate Inhaler	Bitolterol MDI
	Maxair Autohaler	Pirbuterol MDI
	Alupent	Metaproterenol MDI
	Atrovent	Ipratropium Bromide MDI
Oral Corticosteroids	Orasone	Prednisone
	Ora-Pred	Prednisolone
	Medrol, Solu-Medrol	Methylprednisolone
Combination medications for Asthma	Advair Diskus	Salmeterol + Fluticasone
	Combivent MDI	Ipratropium + Albuterol
	Duoneb Inh. Soln	Ipratropium + Albuterol