



**SINGULAIR® (montelukast)
PRIOR REVIEW/CERTIFICATION FAXBACK FORM**

**INCOMPLETE FORMS MAY DELAY PROCESSING
ALL NC PROVIDERS MUST PROVIDE THEIR 5-DIGIT BCBSNC PROVIDER ID# BELOW**

PRESCRIBER INFORMATION		PATIENT INFORMATION
PHYSICIAN NAME	PROVIDER ID/TAX ID (if out of state must have tax ID)	PATIENT NAME
CONTACT PERSON/PRACTICE NAME		PATIENT'S BCBSNC ID
PRACTICE PHONE	PRACTICE FAX	PATIENT'S DATE OF BIRTH
PRACTICE ADDRESS	CITY	STATE ZIP

Dx Code: _____

Please answer the following questions:

Is this patient younger than age 12? Yes No

For which of the following conditions is Singulair (montelukast) being prescribed? *Please check at least one and answer the associated questions, if any.*

- Asthma and/or exercise-induced bronchoconstriction
- Seasonal or perennial allergic rhinitis

1. Has the patient used intranasal corticosteroids or intranasal antihistamines for the treatment of allergic rhinitis in the past and was intolerant to the drug or the drug was ineffective or inadequately effective in treating the patient's condition? Yes No

2. Check which of the following drugs this patient tried and failed in the past:

- Intranasal corticosteroid (fluticasone propionate [Flonase®], flunisolide [Nasarel®], Beconase®/AQ, Nasacort®/AQ, Nasonex®, Omnisar®, Rhinocort®/Aqua, Veramyst®)
- Intranasal antihistamine (Astelin®, Astepro®)

Please certify the following by signing and dating below:

I certify that I have been authorized to request prior review and certification for the above requested service(s). I further certify that my patient's medical records accurately reflect the information provided. I understand that BCBSNC may request medical records for this patient at any time in order to verify this information. I further understand that if BCBSNC determines this information is not reflected in my patient's medical records, BCBSNC may request a refund of any payments made and/or pursue any other remedies available.

Prescriber's Signature (Required): _____ Date: _____

For BCBSNC members, fax form to 1-800-795-9403