



MONTELUKAST (SINGULAIR®) UTILIZATION MANAGEMENT CRITERIA

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| DRUG CLASS: | Leukotriene Modifying Agents MONTELUKAST (Singulair) |
| BRAND (generic) NAMES: | Singulair (montelukast) tablet 10 mg; granules 4 mg / packet; chewable tablet 4, 5 mg |

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| FDA-APPROVED INDICATIONS Montelukast (Singulair) Allergic rhinitis: For the relief of symptoms of allergic rhinitis (seasonal allergic rhinitis in adults and children 2 years of age and older, and perennial allergic rhinitis in adults and children 6 months of age and older); Asthma: For the prophylaxis and chronic treatment of asthma in adults and children 12 months of age and older; Exercise-induced bronchoconstriction: For the prevention of exercise-induced bronchoconstriction (EIB) in patients 15 years of age and older. |
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| COVERAGE AUTHORIZATION CRITERIA for montelukast (Singulair): <ul style="list-style-type: none">• Use of montelukast will be covered in any patient who has a diagnosis of asthma or exercise-induced bronchoconstriction, or at least one prescription drug claim over the previous 12 months for a drug other than montelukast used to treat asthma.• Use of montelukast will be covered in any patient who is younger than age 12 years who has a diagnosis of seasonal or perennial allergic rhinitis.• Patients 12 years of age and older being treated with montelukast for seasonal or perennial allergic rhinitis must have previously tried at least one intranasal corticosteroid OR intranasal antihistamine, and was either intolerant to the drug or the drug was ineffective or inadequately effective in treating the patient's condition. |
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RATIONALE:

In general, clinical studies comparing nasal corticosteroids with oral antihistamines or montelukast for the treatment of allergic rhinitis have found nasal steroids more effective.

REFERENCES:

Singulair (montelukast sodium). Product information. Merck & Co., Inc. 2010.