DESCRIPTION

The purpose of this document is to provide approval criteria and guidelines for prior authorization of benefits for Singulair (montelukast). Claims submitted without obtaining prior authorization of benefits will reject on the pharmacy claim system.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Strength</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Singulair (montelukast)</td>
<td>4mg, 5mg Chew Tabs, 4mg Packets, 10mg Tablets</td>
<td></td>
</tr>
</tbody>
</table>

OVERRIDE(S)

Prior Authorization of Benefits

APPROVAL DURATION

1 year

APPROVAL CRITERIA

I. Requests for Singulair (montelukast) may be approved if:

   A. The patient is under 5 years of age; **OR**
   B. The patient has a diagnosis of asthma; **OR**
   C. The patient is being treated for allergic rhinitis; **AND**
   D. Documentation is provided for a treatment failure with one of the following:
      1. Intranasal steroid
      2. Prescription OR OTC less sedating/non-sedating antihistamine
      3. Astelin Nasal Spray

If deemed an emergency situation and the prescriber is NOT available, WellPoint Pharmacy Management Prior Authorization of Benefits Center can authorize an override for 72 hours or until the next full business day following a holiday weekend upon request from the dispensing pharmacist.