

**Montelukast (Singulair) PA Criteria**  
**Effective 04/01/2016 - PA required for all requests**

1. Is the patient being treated for an OHP funded condition?
  - a. If Yes, Go to question #2.
  - b. If No, Review documentation for relevant comorbid conditions that are funded by OHP. If there are relevant comorbid conditions, move to question #2. If there are no relevant comorbid conditions, Cat. 1 denial.  
*Cat 1: Not a covered benefit. Provider submitted diagnosis code is not for an OHP funded condition. No relevant comorbid conditions found in the provider submitted documentation.*
  
2. Does the patient have a diagnosis of asthma, exercise-induced bronchoconstriction, or allergic rhinitis?
  - a. If Yes, Go to question #3.
  - b. If No, Cat. 3 denial.  
*Cat 3: Not a covered benefit. Montelukast is only FDA approved for the treatment of asthma, exercised-induced bronchoconstriction, or allergic rhinitis.*
  
3. Does the requested medication dosing and dosage form match the FDA approved dosing indicated in the medication package insert?
  - For adults and adolescents 15 years of age and older: one 10 mg tab per day.
  - For pediatric patients 6 to 14 years of age: one 5 mg chewable tab per day.
  - For pediatric patients 2 to 5 years of age: one 4 mg chewable tab per day or one packet of 4 mg oral granules per day.
  - For pediatric patients 12 to 23 months of age: one packet of 4 mg oral granules per day.
    - a. If Yes, **Approve**.
    - b. If No, Cat. 3 denial.  
*Cat 3: Not a covered benefit. The requested medication dosing and dosage form do not match the FDA approved dosing indicated in the medication package insert.*

<b>Guide to Denial Categories</b>	<b>Reason for Denial</b>
Category 1	The condition is not on a funded line
Category 3	The use of the medication is considered experimental/ investigational (usually applies to off-label use of a medication)
Category 5	Not medically appropriate
Category 15	Formulary medications have not been exhausted