

Montelukast (Singulair) PA Criteria
Effective 01/01/2016 - 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.

Guide to Denial Categories	Reason for Denial
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