Fallon Community Health Plan
Approval Criteria

Generic Name: montelukast

Brand Name: Singulair

Medication Class: Leukotriene receptor antagonist

FDA Approved Uses: Asthma, allergic rhinitis, and exercise induced bronchoconstriction (EIB)

Available Dosage Forms: 4mg oral packet, 4mg and 5mg chewable tablet, 10mg tablet

Usual Doses: 10 mg once daily

Duration of Therapy: indefinite

Approximate monthly cost (based on AWP 2008): 10mg $114.77

Criteria for Use: Allergic rhinitis: *(bullet points below are all inclusive unless otherwise noted)*
- Clinically diagnosed seasonal or perennial allergic rhinitis
- Failed/intolerant to OTC antihistamines, including loratadine*
- Failed/intolerant to nasal steroids
- Failed/intolerant to prescription non-sedating antihistamines*

* All non-sedating antihistamines (OTC and prescription) are excluded from the FCHP formulary.

Criteria for Use: Asthma and EIB: *(bullet points below are all inclusive unless otherwise noted)*
- Clinically diagnosed asthma or EIB

Contraindications:
- Hypersensitivity to any component of this product.

Not Approved if:
- Patient has any contraindication to the use of Singulair

Step Therapy Requirements:
- For asthma/EIB only: oral beta-agonist inhaler or oral steroid inhaler

11/18/04
Rev. 06/2007
Rev 3/3/08

P&T Approval: ______________________________________ Date: ____________________

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