

**Drug Name:** Singulair

**Common Use:** Treatment of asthma and allergic rhinitis

*Note: Step Therapy requirements are waived for individuals younger than 18 years of age.*

**Coverage Requirement:** A trial of one or more of the following generic statin therapies prior to the use of brand-name Simcor:

**Coverage Requirement, Asthma:** A trial of one or more of the following inhaled therapies is required prior to the use of Singulair:

Advair	Azmacort
Aerobid M	budesonide (generic for Pulmicort)
Albuterol	Flovent
Alvesco	Symbicort
Asmanex	

**Coverage Requirement, Allergic Rhinitis:** A trial of one nasal corticosteroid is required prior to the use of Singulair:

Nasal corticosteroids

- fluticasone\* (generic for Flonase)
- flunisolide
- Nasacort
- Nasonex
- Rhinocort

\*If your plan includes GenericSample<sup>SM</sup>, the first 30-day fill of this medication will be free. GenericSample is only offered at participating retail pharmacies and is not available on HealthSave<sup>SM</sup> plans or under the 90-day maintenance drug benefit.

**Coverage Rationale:** Singulair is not recommended for the initial treatment of asthma or allergic rhinitis in adults.

Inhaled corticosteroids are the most potent and effective anti-inflammatory medications currently available. They are recommended as the initial treatment for the long-term control of asthma.

Nasal corticosteroids are the most effective medication for the treatment of nasal symptoms associated with allergies.

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*If your doctor would like an exception to step therapy, he or she may request preauthorization by calling SelectHealth Pharmacy Services at **801-442-4912** (Salt Lake area) or **800-442-3129** weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 3:00 p.m.*