



Provider Notice 12-115

Dear Provider:

Note: This Provider Notice (PN) replaces PN 12-20, which was sent on March 30, 2012. There is a typographical error in PN 12-20. The correct information is highlighted below.

Effective for dates of service on and after May 1, 2012, the Medicaid Program of the Health Care Authority (the Agency) will require authorization for all leukotriene modifiers.

Singulair® remains the preferred leukotriene modifier on the Washington State Preferred Drug List (PDL). Accolate® and Zyflo® are non-preferred and their authorization will continue to require the:

- Patient tried and failed Singulair®; or
- Patient to be intolerant to Singulair®; or
- Prescription to be signed “Dispense-As-Written” by an endorsing practitioner.

Leukotriene modifiers will be authorized only for the indications, age ranges, and doses currently approved by the Food and Drug Administration (FDA) when first line therapies have proven inadequate to treat or control the patient’s condition. All leukotriene modifiers are approved by the FDA for the prophylaxis and chronic treatment of asthma. In addition, Singulair® (*montelukast*) is also indicated for the acute prevention of exercise-induced bronchoconstriction (EIB) and relief of symptoms of allergic rhinitis (AR).

Clinical Guidelines

- **Asthma and EIB:** A leukotriene modifier will be approved for persistent asthma in patients who have tried and failed an inhaled corticosteroid (ICS) **and** are concurrently treated with an ICS. For exercise-induced bronchoconstriction a trial of a short-acting beta-agonist is required.

According to the National Heart, Lung, and Blood Institute (NHLBI) [Guidelines for the Diagnosis and Management of Asthma](#), inhaled corticosteroids (ICS) are the preferred and most effective long-term control medication for treatment of persistent asthma. Leukotriene receptor antagonists (LTRAs) such as montelukast and zafirlukast, are an alternative, but are not preferred therapy for mild persistent asthma and can also be used as adjunctive therapy with ICSs. The leukotriene modifier zileutin is another alternative but less desirable option to the LTRAs due to more limited efficacy data and the need for liver function monitoring. For preventing exercise-induced bronchoconstriction, the Expert Panel recommended that short-acting beta-agonists (SABAs) are the drug of choice.

- **Allergic Rhinitis:** Singulair® will be approved for patients who have tried and failed an oral second generation antihistamine or a nasal corticosteroid.

According to the [American Academy of Allergy, Asthma and Immunology \(AAAAI\) practice parameters](#), intranasal corticosteroids are the most effective medication class for controlling symptoms of allergic rhinitis, and in most studies, are more effective than the combined use of an antihistamine and a LTRA for seasonal allergic rhinitis. There is also no significant difference in efficacy between LTRA and antihistamines (with loratadine as the usual comparator).

For your convenience, a chart of authorization criteria by drug and indication can be found online at: [Authorization Criteria](#).

Thank you.

BC-KS
 Provider Publications Team
 The Medicaid Program of the Health Care Authority

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