

# OPTIMA HEALTH PLAN

## PHARMACY STEP-THERAPY REQUEST FORM\*

**Directions:** The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff and faxed to 757-552-7516 or 1-800-750-9692. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct.

**Drug Name: Daytrana™ (methylphenidate)**

- A number of long-acting medications for the treatment of attention deficit hyperactivity disorder (ADHD) have recently been developed and approved for use in the US.
- Recent reports confirm that the safety and tolerability of long-acting medications are similar to those of short-acting medications.
- Distinctions can be made among the long-acting medications with regard to the onset, magnitude and duration of their clinical effects. Recognition of these differences is important for individualizing treatment for patients with ADHD.

**Please check ALL lines below  
for Optima Family Care Plans:**

- The patient has tried and failed therapy with one immediate release stimulant.

**Please check the lines below  
for all other Optima Plans:**

- The patient has tried and failed therapy with Concerta.

**AND**

- The patient has tried and failed therapy with Concerta.

Patient \_\_\_\_\_ Member Number \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Physician Fax Number \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Pharmacy Tel # \_\_\_\_\_