

# OPTIMA HEALTH PLAN

## PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST\*

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; fax to 1-800-750-9692. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. Incomplete form will delay authorization process.

**Drug Requested:** Aptensio XR™ (methylphenidate ER)

**DRUG INFORMATION:** Complete information below. If incomplete, authorization process will be delayed.

Drug Form/Strength: \_\_\_\_\_

Dosing Schedule: \_\_\_\_\_ Length of Therapy: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD Code, if applicable: \_\_\_\_\_

Recommended dose for patients 6 years and above: 10mg once daily.

Daily dosage above 60mg is not recommended.

**CLINICAL CRITERIA:** ALL boxes must be checked to qualify or authorization process will be delayed.

Patient has tried and failed 30 days of therapy with the following:

methylphenidate CR  
(generic Metadate CD®)

or

methylphenidate SR  
(generic Ritalin LA®)

**AND**

amphetamine/dextroamphetamine ER  
(generic Adderall XR®)

or

Vyvanse®

If the member is over the age of 19: documentation of diagnosis **MUST** be submitted. There is a specific prior authorization form (CNS Stimulants for Adults Age 19 and Above) available for download at <http://providers.optimahealth.com/pharmacy> for this purpose. Please attach that form and any additional requested documentation to this request.

\*\*Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.\*\*

\*\*Previous therapies will be verified through pharmacy paid claims or submitted chart notes.\*\*

Patient Name: \_\_\_\_\_

Member Optima #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

DEA OR NPI #: \_\_\_\_\_

\*Approved by the Pharmacy and Therapeutics Committee: 7/16/2015

REVISED/UPDATED: 8/11/2015; 12/24/2015; 4/21/2016; 5/6/2016; 12/15/2016; 8/9/2017.