

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: Daytrana® (methylphenidate)

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: _____

CLINICAL CRITERIA: Check all that apply. Boxes **must** be checked to qualify or authorization process will be delayed.

- Patient has tried and failed therapy with **two (2)** of the following:
 - methylphenidate CR (generic Metadate CD®) (can be sprinkled)
 - methylphenidate ER (generic Concerta®)
 - methylphenidate SR (generic Ritalin LA®) (can be sprinkled)
 - dexamethylphenidate ER (generic Focalin XR®)
 - amphetamine/dextroamphetamine ER (generic Adderall XR®)
 - Vyvanse® (can be opened)
- 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 www.optimahealth.com (Provider/Pharmacy section) 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 Pharmacy and Therapeutics Committee: 9/20/2007

UPDATED/REVISED 6/1/2011; 7/13/11; 8/18/2011; 2/16/2012; 5/25/2012; 7/1/2012; 12/31/2012; 1/28/2013; 1/16/2014; 2/10/2014; 8/20/14; 9/23/2014; 10/30/2014; 5/21/2015; 12/27/2015; 4/21/2016; 5/4/2016; 12/15/2016; 8/11/2017.