

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 (select one):

Quillichew® ER 20-30-40mg
(methylphenidate extended-release chewable tablet)

Quillivant XR® 25mg/5ml
(methylphenidate extended-release liquid)

DRUG INFORMATION: Complete information below. Authorization process will be delayed if incomplete.

Drug Name/Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

- **Daily doses above 60mg are not recommended and will not be authorized.**

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

- Patient is \geq 6 years of age
- The patient has tried and failed therapy with either:
- methylphenidate CR (generic Metadate CD®)

OR

- methylphenidate SR (generic Ritalin LA®)

AND

- Vyvanse®

- If the member is over the age of 19, submit documentation of diagnosis (*i.e. diagnosing prescriber, date of diagnosis, symptoms, patient specific criteria and standardized rating scales used to make diagnosis*). A prior authorization form ("CNS Stimulants- Age 19 and Older") can be downloaded from <http://providers.optimahealth.com>.

****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: 5/16/2013

REVISED/UPDATED: 9/30/2013; 4/14/2014; 8/20/14; 9/23/2014; 11/2/2014; 5/22/2015; 12/29/2015; 2/48/2016; 5/6/2016; 12/19/2016; 8/16/2017