

## Neupro<sup>®</sup> Patch Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			F	<b>Provider Information</b> (required)		
Member Name:			Provider Nam	Provider Name:		
Insurance ID#:			NPI#:		Specialty:	
Date of Birth:			Office Phone	Office Phone:		
Street Address:			Office Fax:	Office Fax:		
City:	State:	Zip:	Office Street	Office Street Address:		
Phone:			City:	State:	Zip:	
Medication Information (required)						
Medication Name:		Strength:		Dosage Form:		
Is This Medication a New Start? □ Yes □ No			Directions for	Directions for Use:		
Clinical Information (required)						
Select the diagnosis below:						
<ul> <li>Parkinson's disease</li> <li>Primary restless legs syndrome (moderate-to-severe)</li> </ul>						
	oderate-to-severe)	0/10 Codo(a);				
Other diagnosis: ICD-9/10 Code(s):						
Select all that apply: Other drug(s) would <u>not</u> be as effective for the patient as the requested medication						
□ Other drug(s) would <u>not</u> be as effective for the patient as the requested medication						
<ul> <li>Other drug(s) have been tried, failed, or have caused adverse effects</li> </ul>						
Select the medications the patient has a failure, contraindication, or intolerance to:						
Pramipexole						
Ropinirole extended-release (ER)						
Other generic anti-Parkinson agent (e.g., amantadine, benztropine, bromocriptine, carbidopa-levodopa, carbidopa-levodopa-entacapone entacapone, selegiline, trihexyphenidyl)						
entacapone, seleg	lline, trinexyphen	iayi)				
Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to						

this review?

Please note:

This request may be denied unless all required information is received. If the patient is not able to meet the above standard prior authorization requirements, please call 1-800-711-4555. For urgent or expedited requests please call 1-800-711-4555.

This form may be used for non-urgent requests and faxed to 1-800-527-0531.

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