



Please note: All information below is required to process this request
 Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific
 For real time submission 24/7 visit www.OptumRx.com and click Health Care Professionals
 OptumRx • M/S CA 106-0286 • 3515 Harbor Blvd. • Costa Mesa, CA 92626

Neupro® Patch Prior Authorization Request Form

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

Member Information <small>(required)</small>			Provider Information <small>(required)</small>		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information <small>(required)</small>			
Medication Name:		Strength:	Dosage Form:
Is This Medication a New Start? <input type="checkbox"/> Yes <input type="checkbox"/> No		Directions for Use:	

Clinical Information <small>(required)</small>	
Select the diagnosis below: <input type="checkbox"/> Parkinson's disease <input type="checkbox"/> Primary restless legs syndrome (moderate-to-severe) <input type="checkbox"/> Other diagnosis: _____ ICD-9/10 Code(s): _____	
Select all that apply: <input type="checkbox"/> Other drug(s) would <u>not</u> be as effective for the patient as the requested medication <input type="checkbox"/> Other drug(s) would cause adverse effects <input type="checkbox"/> Other drug(s) have been tried, failed, or have caused adverse effects	
Select the medications the patient has a failure, contraindication, or intolerance to: <input type="checkbox"/> Pramipexole <input type="checkbox"/> Ropinirole <input type="checkbox"/> Ropinirole extended-release (ER) <input type="checkbox"/> Other generic anti-Parkinson agent (e.g., amantadine, benzotropine, bromocriptine, carbidopa-levodopa, carbidopa-levodopa-entacapone, entacapone, selegiline, trihexyphenidyl)	

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.