HEALTH PLANS
UNIVERSITY OF UTAH

PRIOR AUTHORIZATION REQUEST FORM
NEUPRO® FOR RESTLESS LEGS

For authorization, please answer each question and fax this form PLUS chart notes back to the U of U Health Plans Prior Authorization Department at 888-509-8142. Failure to submit clinical documentation to support this request will result in delay and/or denial of the request.

If you have prior authorization questions, please call for assistance: Healthy U: 855-856-5694, University of Utah Health Employees: 855-856-5690, Individual & Family Plans : 855-869-4769, Commercial Groups: 855-859-4892, MHC 855-885-7695

Date:	Member Name:	ID#:
DOB:	Gender:	Physician:
Office Phone:	Office Fax:	Office Contact:
Height/Weight:		

Member must try formulary preferred drugs before a request for a non-preferred drug may be considered. If treatment with preferred products has not been successful, you must submit which preferred products have been tried, dates of treatment, and reason for failure. Reasons for failure must meet the Health Plan medical necessity criteria.

Product being request: ☐ Neupro® (rotigotine)

Dosing/Frequency:_____

If the request is for reauthorization, proceed to reauthorization section			
Questions	**Yes**	**No**	**Comments/Notes**
1. Is the request for Parkinson's disease or moderate-to-severe Restless Legs Syndrome?	☐	☐	
2. Has the patient tried and failed at least two of the following: ropinirole, pramipexole, bromocriptine?	☐	☐	**Please provide documentation**
3. Is the patient unable to take medications by mouth or is oral therapy clinically inappropriate?	☐	☐	**Please provide documentation**
REAUTHORIZATION			
1. Is the request for reauthorization of therapy?	☐	☐	
2. Do updated progress notes show continued medical necessity and clinical efficacy?	☐	☐	**Please provide documentation**

What medications and/or treatment modalities have been tried in the past for this condition? Please document name of treatment, reason for failure, treatment dates, etc.

Additional information:

Physician's Signature:

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Policy PHARM- 047
Origination Date: 04/06/2018
Reviewed/Revised Date: 01/22/2020
Next Review Date: 01/23/2021
Current Effective Date: 01/23/2020