

US Family Health Plan  
 Prior Authorization Request Form for  
 rotigotine (**Neupro**) patch

To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) US Family Health Plan Pharmacy Program. US Family Health Plan is a TRICARE contractor for DoD.

The completed form may be faxed to 855-273-5735

OR

The patient may attach the completed form to the prescription and **mail** it to:

**Attn: Pharmacy, 77 Warren St, Brighton, MA 02135**

QUESTIONS? **Call 1-877-880-7007**

**Step 1** Please complete patient and physician information (please print):

Patient Name: \_\_\_\_\_ Physician Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Sponsor ID # \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Secure Fax #: \_\_\_\_\_

**Step 2** Please complete the clinical assessment:

1. Is the patient <b>GREATER THAN</b> or <b>EQUAL</b> to 18 years of age?	<input type="checkbox"/> Yes Proceed to question 2	<input type="checkbox"/> No <b>STOP</b> Coverage not approved
2. For which diagnosis is the requested medication being prescribed?	<input type="checkbox"/> Parkinson's disease - Proceed to question 3 <input type="checkbox"/> Moderate to severe primary restless legs syndrome - Proceed to question 3 <input type="checkbox"/> Other – <b>STOP Coverage not approved</b>	
3. Is the patient unable to swallow tablets due to a documented medical condition (for example dysphagia, oral candidiasis, systemic sclerosis, etc.) and not due to convenience?	<input type="checkbox"/> Yes <b>Sign and date below</b>	<input type="checkbox"/> No Proceed to question 4
4. Has the patient tried and failed or has a contraindication to other dopamine agonist oral therapy: pramipexole (Mirapex) OR ropinirole (Requip)?	<input type="checkbox"/> Yes <b>Sign and date below</b>	<input type="checkbox"/> No <b>STOP</b> Coverage not approved

**Step 3** I certify the above is true to the best of my knowledge. Please sign and date:

\_\_\_\_\_ Date \_\_\_\_\_  
 Prescriber Signature