

Generic Name: Rotigotine Transdermal System

Preferred: N/A

Therapeutic Class or Brand Name: Neupro®

Non-preferred: N/A

Applicable Drugs (if Therapeutic Class): N/A

Date of Origin: 3/18/2019

Date Last Reviewed / Revised: 1/9/2024

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I or V are met)

- I. Documentation of one of the following diagnosis A or B:
 - A. Idiopathic Parkinson's disease
 - B. Moderate-to-severe primary restless legs syndrome
- II. Documentation of one of the following A or B:
 - A. Patient has a history of treatment failure or intolerance to extended-release formulations of both of the following oral dopamine agonists 1 and 2:
 1. Pramipexole dihydrochloride
 2. Ropinirole HCl
 - B. The prescriber indicates that therapy with oral dopamine agonists is clinically inappropriate for the patient OR the patient has documented inability to swallow or take medications orally.
- III. Minimum age requirement: 18 years old
- IV. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.
- V. Refer to plan document for the list of preferred products. If requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to a preferred product(s).

EXCLUSION CRITERIA

- N/A

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- 30 patches per 30 days

- Maximum dose:
 - Idiopathic Parkinson's disease: 8 mg/24 hours
 - Restless legs syndrome: 3 mg/24 hours

APPROVAL LENGTH

- **Authorization:** 1 year.
- **Re-Authorization:** An updated letter of medical necessity or progress notes confirming the current medical necessity criteria are met and that the medication is effective.

APPENDIX

- N/A

REFERENCES

1. Inzelberg R, Nisipeanu P, Schechtman E. Practice parameter: initiation of treatment for Parkinson's disease: an evidence-based review. *Neurology*. 2002;59(8):1292. doi:10.1212/wnl.59.8.1292
2. Winkelman JW, Armstrong MJ, Allen RP, et al. Practice guideline summary: Treatment of restless legs syndrome in adults: Report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology. *Neurology*. 2016;87(24):2585-2593. doi:10.1212/WNL.0000000000003388
3. Neupro. Prescribing information. UCB Inc; 2021. Accessed January 9, 2024. <https://www.neupro.com/neupro-prescribing-information.pdf>

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.