

Generic Name: Rotigotine Transdermal System

Therapeutic Class or Brand Name: Neupro®

Applicable Drugs (if Therapeutic Class): N/A

GPI Code: 732030750085

Preferred: N/A

Non-preferred: N/A

Date of Origin: 3/18/2019

Date Last Reviewed / Revised: N/A

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when ONE of the following criteria I or II is met)

- I. Patient has documented diagnosis of Idiopathic Parkinson's Disease and meets ONE of the following criteria A or B:
 - A. Patient has a history of treatment failure or intolerance to the 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.
- II. Patient has documented diagnosis of moderate-to-severe primary Restless Legs Syndrome (RLS) and meets ONE of the following criteria A or B:
 - A. Patient has a history of treatment failure or intolerance to 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.

EXCLUSION CRITERIA

- N/A

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- 30 patches per 30 days.

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 showing the medication is effective.

APPENDIX

N/A

REFERENCES

1. <https://www.neupro.com/neupro-prescribing-information.pdf> .
2. https://www.accessdata.fda.gov/drugsatfda_docs/label/2014/020658s024s026s027s030s032lbl.pdf .
3. https://www.accessdata.fda.gov/drugsatfda_docs/label/2014/022421s003lbl.pdf
4. https://www.gsksource.com/pharma/content/dam/GlaxoSmithKline/US/en/Prescribing_Information/Requip_XL/pdf/REQUIP-XL-PI-PIL.PDF .
5. <https://docs.boehringer-ingenelheim.com/Prescribing%20Information/Pis/Mirapex%20ER/MirapexER.pdf> .
6. Medi-Span®.
7. www.uptodate.com .

HISTORICAL TRACKING OF CHANGES MADE TO POLICY

Date	Notes/Changes
3/18/2019	1. New policy.

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.