Pharmacy Prior Authorization

AETNA BETTER HEALTH FLORIDA

Neupro

This fax machine is located in a secure location as required by HIPAA regulations.
Complete/review information, sign and date. Fax signed forms to Aetna Better Health Florida at **1-855-799-2554**.
When conditions are met, we will authorize the coverage of Neupro.
Please note that all authorization requests will be reviewed as the AB rated generic (when available) unless states otherwise.

Drug Name *(please circle)*

Neupro (rotigotine transdermal system)

Other, please specify_____

Quantity _____ Frequency _____ Strength _____

Route of Administration _____ Expected Length of therapy _____

Patient Information

Patient Name: _____
Patient ID: _____
Patient Group No.: _____
Patient DOB: _____
Patient Phone: _____

Prescribing Physician

Physician Name: _____

Specialty: _____ NPI Number: _____

Physician Fax: _____ Physician Phone: _____

Physician Address: _____ City, State, Zip: _____

Diagnosis:_____ ICD Code:_____

Please circle the appropriate answer for each question.

1. Is the patient 18 years of age or older? Y N
   [If no, then no further questions.]

2. Does the patient have a confirmed diagnosis (in medical records or diagnosis codes) of Parkinson's disease? Y N
   [If no, then skip to question 4.]

3. Has the patient had a minimum of a 60 day trial of at least three other dopamine agonists [ropinirole (Requip), pramipexole (Mirapex), selegiline (Eldepryl, Zelapar), carbidopa/levodopa (Sinemet, Parcopa)]?
   [No further questions.]

4. Does the patient have a confirmed diagnosis (in medical records or diagnosis codes) of Restless Legs Syndrome?
   [If no, then no further questions.]

5. Has the patient had a minimum of a 60 day trial of at least three other agents [ropinirole, pramipexole, carbidopa/levodopa, gabapentin (Neurontin)]?

Comments:

I affirm that the information given on this form is true and accurate as of this date.

Prescriber (Or Authorized) Signature Date