



OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations. Visit [go.covermymeds.com/OptumRx](http://go.covermymeds.com/OptumRx) to begin using this free service. Please note: All information below is required to process this request. Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

## Requip XL® (ropinirole extended-release [ER]) Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)		
Medication Name:	Strength:	Dosage Form:
<input type="checkbox"/> Check if requesting <b>brand</b>	Directions for Use:	
<input type="checkbox"/> Check if request is for <b>continuation of therapy</b>		

Clinical Information (required)	
<b>Select the diagnosis below:</b>	
<input type="checkbox"/> Parkinson's disease	
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____	
<b>Select the medications the patient has a failure, contraindication, or intolerance to:</b>	
<input type="checkbox"/> Mirapex	
<input type="checkbox"/> Neupro	
<input type="checkbox"/> Pramipexole	
<input type="checkbox"/> Pramipexole ER	
<input type="checkbox"/> Ropinirole	
<input type="checkbox"/> Ropinirole ER	
<input type="checkbox"/> Other generic anti-Parkinson agent (e.g., amantadine, benztropine, bromocriptine, carbidopa-levodopa, carbidopa-levodopa-entacapone, entacapone, selegiline, trihexyphenidyl)	

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

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**Please note:** This request may be denied unless all required information is received. If the patient is not able to meet the above standard prior authorization requirements, please call 1-800-711-4555. For urgent or expedited requests please call 1-800-711-4555. This form may be used for non-urgent requests and faxed to 1-800-527-0531.