

**Neupro (rotigotine) transdermal system**  
**Effective 08/01/2020**

|                              |   |                     |   |
|------------------------------|---|---------------------|---|
| <b>Plan</b>                  | <input type="checkbox"/> MassHealth UPPL<br><input checked="" type="checkbox"/> Commercial/Exchange | <b>Program Type</b> | <input checked="" type="checkbox"/> Prior Authorization<br><input type="checkbox"/> Quantity Limit<br><input type="checkbox"/> Step Therapy |
| <b>Benefit</b>               | <input checked="" type="checkbox"/> Pharmacy Benefit<br><input type="checkbox"/> Medical Benefit    |                     |   |
| <b>Specialty Limitations</b> | N/A   |                     |   |
| <b>Contact Information</b>   | <b>Medical and Specialty Medications</b>  |                     |   |
|                              | All Plans   | Phone: 877-519-1908 | Fax: 855-540-3693   |
| <b>Exceptions</b>            | <b>Non-Specialty Medications</b>  |                     |   |
|                              | All Plans   | Phone: 800-711-4555 | Fax: 844-403-1029   |

### Overview

Neupro Transdermal Patch is a dopamine agonist indicated for the treatment of Parkinson's disease (PD) and moderate-to-severe primary Restless Legs Syndrome (RLS).

### Coverage Guidelines

Authorization may be granted for members new to the plan who are currently receiving treatment with Neupro, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

#### OR

Authorization may be granted when the following criteria has been met:

- Member has a diagnosis of PD or RLS **AND**
- Member has a documented diagnosis of a swallowing disorder or difficulty swallowing tablets **OR**
- Member has had a documented side effect, allergy, or treatment failure to a trial of an oral dopamine agonist (e.g., pramipexole, or ropinirole)

### Limitations

1. Approvals will be granted for 36 months.

### Dosing

|                   |                        |                        |
|-------------------|------------------------|------------------------|
| Early stage PD    | Max dose - 6mg per day | 30 patches per 30 days |
| Advanced stage PD | Max dose - 8mg per day | 30 patches per 30 days |
| RLS               | Max dose - 3mg per day | 30 patches per 30 days |

### References

- 1 Neupro (rotigotine) [prescribing information]. Smyrna, GA: UCB Inc; January 2019
- 2 Tarsey, Daniel. Pharmacologic treatment of Parkinson disease. In: Basow DS (Ed). UpToDate. Waltham (MA): UpToDate 2014. Available at: <http://www.utdol.com/utd/index.co>

- 3 Pahwa R, Factor SA, Lyons KE, Ondo WG, Gronseth G, Bronte-Stewart H, et al. Practice Parameter: Treatment of Parkinson disease with motor fluctuations and dyskinesia (an evidence-based review): Report of the Quality Standards Subcommittee of the American Academy of Neurology. *Neurology*. 2006;66(7):983-995.
- 4 Zesiewicz TA, Martinez-Martin P. Effects of rotigotine transdermal system on non-motor symptoms in Parkinson's disease: an overview. *Expert Review of Neurotherapeutics*. 2013;13(12):1329-42.
- 5 Esteve V, Carneiro J, Salazar G, et al. Effects of rotigotine on clinical symptoms, quality of life and sleep hygiene adequacy in haemodialysis-associated restless legs syndrome. *Nefrologia* 2018; 38:79
- 6 Iftikhar IH, Alghothani L, Trotti LM. Gabapentin enacarbil, pregabalin and rotigotine are equally effective in restless legs syndrome: a comparative meta-analysis. *Eur J Neurol* 2017; 24:1446
- 7 Mizuno Y, Nomoto M, Kondo T, Hasegawa K, Murata M, Takeuchi M, et al. Transdermal rotigotine in early stage Parkinson's disease: a randomized, double-blind, placebo-controlled trial. *Movement Disorders*. 2013;28(10):1447-50.

### **Review History**

02/25/2008 - Reviewed

04/15/2008 - Implemented

08/13/2012 - Updated (Neupro reintroduced & new indication; 7/30/12 file)

11/25/2013 - Reviewed

11/24/2014 - Reviewed

11/27/2017 - Reviewed

04/17/2019 – Reviewed

05/20/2020 – reviewed May P&T Mtg; added started and stabilized statement; added dosing and QL to criteria. Effective 8/1/20.

09/21/2022 – Reviewed at Sept P&T; Separated Comm/Exch vs MH policy; no clinical updates.

