

POLICY NAME	Nuplazid (pimavanserin)	POLICY #	2525P
--------------------	-------------------------	-----------------	-------

Criteria

Coverage Criteria

- ☐ 1.1 Diagnosis of Parkinson's Disease – Psychotic Disorder
- ☐ 1.2 Documentation of moderate to severe hallucinations and/or delusions related to Parkinson Disease
- ☐ 1.3 Documentation that modification of movement disorder medications or other potential triggering medications (anticholinergics, psychoactive agents) has not alleviated psychosis symptoms or is contraindicated
- ☐ 1.4 Prescribed by or in consultation with a movement disorder specialist, neurologist (nervous system doctor), or psychiatrist (mental health doctor)

Exclusion Criteria – Any of the following prevents coverage

- ☐ 2.1 Parkinson Disease related dementia
- ☐ 2.2 Coverage of Nuplazid concomitantly with antipsychotics (such as aripiprazole)