

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

Criteria

Coverage Criteria

- ☐ Diagnosis of Parkinson's Disease – Psychotic Disorder
- ☐ Documentation of moderate to severe hallucinations and/or delusions related to Parkinson Disease
- ☐ Documentation that modification of movement disorder medications or other potential triggering medications (anticholinergics, psychoactive agents) has not alleviated psychosis symptoms or is contraindicated
- ☐ 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

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