

Reference number(s)
2319-A

SPECIALTY GUIDELINE MANAGEMENT

NUPLAZID (pimavanserin)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication

Nuplazid is indicated for the treatment of hallucinations and delusions associated with Parkinson's disease psychosis.

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

Authorization of 12 months may be granted for initial treatment of hallucinations and delusions associated with Parkinson's disease psychosis when the member has mild or no cognitive impairment as determined by physician's clinical diagnosis and/or cognitive impairment screening tests (e.g. Mini-Mental Status Examination [MMSE], Montreal Cognitive Assessment [MOCA])

III. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment of hallucinations and delusions associated with Parkinson's disease psychosis when the member has experienced improvement in psychotic symptoms (hallucinations and/or delusions) since starting therapy

IV. REFERENCES

1. Nuplazid [package insert]. San Diego, CA: Acadia Pharmaceuticals, Inc.; June 2018.
2. Cummings J, Isaacson S, Mills R, et al. Pimavanserin for patients with Parkinson's disease psychosis: a randomized, placebo-controlled phase 3 trial. *Lancet*. 2014; 383:533-540.
3. Hoops S, Nazem S, et al. Validity of the MoCA and MMSE in the detection of MCI and dementia in Parkinson disease. *Neurology*. 2009; 73 (21): 1738-1745.