MEDICATION POLICY:
Nuplazid®

Generic Name: Pimavanserin

Therapeutic Class or Brand Name: Nuplazid®

Applicable Drugs: Second Generation Antipsychotic

Preferred: N/A

Non-preferred: N/A

Date of Origin: 3/23/2020

Date Last Reviewed / Revised: 5/21/2025

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through - VI are met)

I. Documented diagnosis of hallucinations and delusions associated with Parkinson's disease psychosis.

II. Clinically significant treatment failure, adverse event, or contraindication to A and B

   A. One of the following antipsychotics

      1. Quetiapine

      2. Clozapine

   B. Rivastigmine

III. Treatment must be prescribed by or in consultation with a geriatrician, psychiatrist, or neurologist.

IV. Minimum age requirement: 18 years of age or older.

V. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.

VI. Refer to plan document for the list of preferred products. If requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to the preferred product(s).

EXCLUSION CRITERIA

- Elderly patients (≥ 65 years of age) with a documented history of dementia-related psychosis and concurrent treatment with antipsychotics.
- Documented dementia-related psychosis that are unrelated to hallucinations associated with Parkinson's disease (Alzheimer's disease, Lewy body dementia, or other dementia)
- Avoid in combination with drugs known to prolong QT interval (Ie g., Class 1A antiarrhythmics, Class 3 antiarrhythmics, certain antipsychotics or antibiotics)
- Avoid in those taking strong or moderate CYP3A4 Inducers
- Patients with a history of cardiac arrhythmias, as well as other circumstances that may increase the risk of the occurrence of torsade de pointes and/or sudden death, including symptomatic bradycardia, hypokalemia or hypomagnesemia, and the presence of congenital prolongation of the QT interval

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- 10 mg tablets, 34 mg capsules
- 30 tablets/capsules per 30 days.

APPROVAL LENGTH

- **Authorization:** 12 months
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

APPENDIX

N/A

REFERENCES

1. Nuplazid Prescribing information. Acadia Pharmaceuticals Inc; 2023. Accessed 5/1/2025. https://www.nuplazid.com/pdf/nuplazid-prescribing-information.pdf
2. Rogers G, Parkinson's disease: summary of updated NICE guidance. *BMJ*. 2019 Feb 28;364:l961. PMID: 28751362.
3. Powell A, Matar E, Lewis SJG. Treating hallucinations in Parkinson's disease. *Expert Rev Neurother*. 2022;22(6):455-468. doi:10.1080/14737175.2021.1851198
4. Combs BL, Cox AG. Update on the treatment of Parkinson's disease psychosis: role of pimavanserin. *Neuropsychiatr Dis Treat*. 2017;13:737-744. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5352252/