

**Generic Name:** Pimavanserin

**Therapeutic Class or Brand Name:** Nuplazid®

**Applicable Drugs (if Therapeutic Class):**

Second Generation Antipsychotic

**GPI Code:** 59400028200120 (34 mg strength),  
59400028200310 (10 mg strength)

**Preferred:** N/A

**Non-preferred:** N/A

**Date of Origin:** 3/23/2020

**Date Last Reviewed / Revised:** N/A

### PRIOR AUTHORIZATION CRITERIA

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

- I. Documented diagnosis of hallucinations and/or delusions associated with Parkinson's disease.
- II. Must not have dementia-related psychosis.
- III. Clinically significant treatment failure, adverse event, or contraindication to quetiapine.
- IV. Must have consult with geriatrician, psychiatrist or neurologist.
- V. Must be 18 years of age or older.

### EXCLUSION CRITERIA

- Elderly patients ( $\geq 65$  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.
- Avoid in patients with known QT prolongation or in combination with other drugs known to prolong QT interval including Class 1A antiarrhythmics (e.g., quinidine, procainamide) or Class 3 antiarrhythmics (e.g., amiodarone, sotalol), certain antipsychotic medications (e.g., ziprasidone, chlorpromazine, thioridazine), and certain antibiotics (e.g., gatifloxacin, moxifloxacin).
- Avoid in 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

- Bottle of 17 mg tablets (#60) for 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. Combs B, Cox A. Update on the treatment of Parkinson's disease psychosis: role of pimavanserin. *Neuropsychiatric Disease and Treatment*. 2017;Volume 13:737-744.
2. Pimavanserin (Nuplazid®) [package insert]. San Diego, CA; ACADIA Pharmaceuticals Inc.
3. Medi-Span.

**DISCLAIMER:** Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.