

Clinical Policy Title:	pimavanserin
Policy Number:	RxA.421
Drug(s) Applied:	Nuplazid®
Original Policy Date:	03/06/2020
Last Review Date:	09/14/2020
Line of Business Policy Applies to:	All lines of business

Background

Pimavanserin (Nuplazid®) is an atypical antipsychotic. It is indicated for the treatment of hallucinations and delusions associated with Parkinson's disease psychosis.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
pimavanserin (Nuplazid®)	Parkinson's disease psychosis	34 mg Orally once daily	34 mg/day

Dosage Forms

- Tablets: 10mg
- Capsules: 34 mg

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

I. Initial Approval Criteria

A. Parkinson's Disease Psychosis (must meet all):

1. Diagnosis of hallucinations and delusions associated with Parkinson's disease psychosis;
2. Age 18 years of age or older;
3. Dose does not exceed 34 mg per day.

Approval Duration

Commercial: 12 months

Medicaid: 12 months

II. Continued Therapy Approval

A. Parkinson's Disease Psychosis (must meet all):

1. Currently receiving medication that has been authorized by RxAdvance or member has previously met initial approval criteria listed in this policy.
2. Member is responding positively to therapy;

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

3. If request is for a dose increase, new dose does not exceed 34 mg per day.

Approval Duration

Commercial: 12 months

Medicaid: 12 months

III. Appendices

APPENDIX A: Abbreviation/Acronym Key

FDA: Food and Drug Administration

APPENDIX B: Therapeutic Alternatives

Not applicable

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s): Hypersensitivity

- Boxed Warning(s): Increased mortality in elderly patients with dementia-related psychosis

References

1. Nuplazid® Prescribing Information. San Diego, CA: Acadia Pharmaceuticals Inc; September 2019. Available at https://www.nuplazid.com/pdf/NUPLAZID®_Prescribing_Information.pdf. Accessed July 23, 2020.
2. Nuplazid®. In: Lexicomp Online Drug Database [database on the Internet]. Hudson, Ohio: Lexicomp, Inc.; 2020 [updated July 23, 2020]. Available at: <http://online.lexi.com>. Subscription required to view. Accessed July 23, 2020.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	01/2020	03/06/2020
Policy updated. <ol style="list-style-type: none"> 1. Formatting updated. 2. Policy Title updated. 3. Continued criteria for approval updated. 4. Approval duration updated. 5. Reference updated. 	07/23/2020	09/14/2020