

Clinical Policy Title:	pimavanserin
Policy Number:	RxA.421
Drug(s) Applied:	Nuplazid®
Original Policy Date:	03/06/2020
Last Review Date:	10/19/2023
Line of Business Policy Applies to:	All lines of business (except Medicare)

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. Prescribed by or in consultation with a neurologist or a psychiatrist;
3. Age ≥ 18 years;
4. 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. Member is currently receiving medication that has been authorized by RxAdvance or the member has met initial approval criteria listed in this policy;
2. Member is responding positively to therapy;
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

References

Not applicable

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	01/2020	03/06/2020
Policy updated. 1. Formatting updated. 2. Policy Title updated. 3. Continued criteria for approval updated. 4. Approval duration updated.	07/23/2020	09/14/2020
Policy was reviewed: 1. Initial Approval Criteria I.A.2 was updated to	06/28/2021	09/14/2021

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.

<p>include prescriber criteria, “Prescribed by or in consultation with a neurologist or psychiatrist”.</p> <p>2. Continued Therapy Approval Criteria II.A.1 was rephrased to "Member is currently receiving medication that has been authorized by RxAdvance...".</p>		
<p>Policy was reviewed:</p> <p>1. Continued Therapy Approval Criteria II.A.1 was rephrased to "Member is currently receiving medication that has been authorized by RxAdvance...".</p> <p>2. Initial Approval Criteria I.A.2: Updated to add "Individual does not have dementia-related psychosis unrelated to the hallucinations and delusions associated with Parkinson's disease psychosis".</p>	03/25/2022	07/18/2022
<p>Policy was reviewed:</p> <p>1. Initial Approval Criteria I.A.3: Updated to remove individual member does not have dementia-related psychosis unrelated to the hallucinations and delusions associated with Parkinson's disease psychosis.</p>	04/21/2023	07/13/2023
<p>Policy was reviewed.</p>	10/19/2023	10/19/2023