

The drug, Nuplazid (pimavanserin), is subject to the prior authorization process.

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed under the respective diagnosis:

1. Treatment of hallucinations and delusions associated with Parkinson's disease psychosis:

- Must be prescribed by or in consultation with a neurologist that specializes in the treatment of movement disorders
- Must have a diagnosis of Parkinson's disease psychosis
- Must have the presence of hallucinations or delusions (which may include illusions or a false sense of presence) on a recurrent or continuous basis for at least 1 month
- Hallucinations or delusions must have developed after the onset of Parkinson's disease
- Must provide chart documentation of clinical work-up to rule out other diagnoses (e.g. dementia with Lewy bodies, psychiatric disorders such as schizophrenia, schizoaffective disorder, delusional disorder, or mood disorder with psychotic features, visual processing deficits/loss of visual acuity, infectious causes, or a general medical condition including delirium). Clinical rationale for diagnosis and exclusion of other diagnoses must be provided.
- Must have tried to discontinue or reduce the dose of any medication(s) that may cause or contribute to hallucinations and delusions (e.g. dopamine agonist, amantadine, monoamine oxidase B inhibitors, anticholinergics), or provide clinical rationale indicating why dose reduction or discontinuation of applicable medications would not be appropriate

Reauthorization Criteria:

All prior authorization renewals are reviewed on an annual basis to determine the Medical Necessity for continuation of therapy. Authorization may be extended at 1-year intervals based upon chart documentation from the prescriber that the member's condition has improved based upon the prescriber's assessment while on therapy.



Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to 1 year
Reauthorization	Same as initial
Quantity Level Limit	
Nuplazid	60 tablets per 30 days

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

1. Nuplazid [prescribing information]. San Diego, CA: Acadia Pharmaceuticals, Inc; April 2016.
2. Cummings J, Isaacson S, Mills R, et al. Pimavanserin for patients with Parkinson’s disease psychosis: a randomized, placebo-controlled phase 3 trial. *The Lancet*. 2014 Feb 8; 383:533-540.
3. Miyasaki JM et al. Practice parameter: evaluation and treatment of depression, psychosis, and dementia in Parkinson disease (an evidence-based review). *Neurology* 2006;66(7):996-1002.
4. Damlo Sherri. AAN releases recommendations on treatment of Parkinson’s disease. *Am Fam Physician*. 2007 Mar 15;75(6)922-924.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>Annual Review</i>	<i>2/17, 02/18</i>

