

Policy Name:	Nuplazid (pimavanserin)	Policy #:	2525P
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Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Nuplazid.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Nuplazid when the following criteria have been met.

Criteria

1. Coverage Criteria

- 1.1 Diagnosis of Parkinson's Disease – Psychotic Disorder
- 1.2 Documentation of moderate to severe hallucinations and/or delusions related to Parkinson Disease
- 1.3 Documentation that modification of movement disorder medications or other potential triggering medications (anticholinergics, psychoactive agents) has not alleviated psychosis symptoms or is contraindicated
- 1.4 Prescribed by or in consultation with a movement disorder specialist, neurologist (nervous system doctor), or psychiatrist (mental health doctor)

2. Exclusion Criteria

- 2.1 Parkinson Disease related dementia
- 2.2 Coverage of Nuplazid concomitantly with antipsychotics (such as aripiprazole)

3. Approval Period

- 3.1 Initial: 12 months
- 3.2 Reauthorization: 12 months with documentation to support clinical improvement

CPT Codes

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HCPCS Codes

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References

1. Nuplazid capsules and tablets (34 and 10 mg pimavanserin) [prescribing information]. San Diego, CA: Acadia Pharmaceuticals Inc; September 2023.
2. Seppi K, Ray Chaudhuri K, Coelho M, et al. Update on treatments for nonmotor symptoms of Parkinson's disease-an evidence-based medicine review. *Mov Disord.* 2019 Feb;34(2):180-198.

3. Black KJ, Nasrallah H, Isaacson S, et al. Guidance for switching from off-label antipsychotics to pimavanserin for Parkinson's disease psychosis: an expert consensus. *CNS Spectr*. 2018;23(6):402-413.
4. Hermanowicz S and Hermanowicz N. The safety, tolerability and efficacy of pimavanserin tartrate in the treatment of psychosis in Parkinson's disease. *Expert Rev Neurother*. 2016;16(6):625-633.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.