

PRIOR AUTHORIZATION POLICY

POLICY: Parkinson's Disease – Nuplazid Prior Authorization Policy

- Nuplazid® (pimavanserin capsules and tablets – Acadia)

REVIEW DATE: 09/14/2022

OVERVIEW

Nuplazid, a selective serotonin 5-HT_{2A} inverse agonist, is indicated for the treatment of hallucinations and delusions associated with **Parkinson's disease psychosis**.¹

Safety

Nuplazid has a Boxed Warning regarding increased mortality in elderly patients with dementia-related psychosis.¹ Nuplazid is not approved for the treatment of patients with dementia-related psychosis unrelated to the hallucinations and delusions associated with Parkinson's disease psychosis.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Nuplazid. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Nuplazid as well as the monitoring required for adverse events and long-term efficacy, approval requires Nuplazid to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Nuplazid is recommended in those who meet the following criteria:

FDA-Approved Indication

1. **Parkinson's Disease Psychosis.** Approve for 1 year if the patient meets all of the following criteria (A, B, and C):
 - A) Patient has hallucinations and delusions associated with Parkinson's disease psychosis; AND
 - B) Patient does not have dementia-related psychosis unrelated to the hallucinations and delusions associated with Parkinson's disease psychosis; AND
 - C) Nuplazid is prescribed by or in consultation with a neurologist.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Nuplazid is not recommended in the following situations:

1. **Dementia-Related Psychosis.** Nuplazid prescribing information has a Boxed Warning regarding increased mortality in elderly patients with dementia-related psychosis.¹ Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death.
2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

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REFERENCES

1. Nuplazid® capsules and tablets [prescribing information]. San Diego, CA: Acadia; November 2020.