

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Nuplazid (pimavanserin)

Override(s)	Approval Duration
Prior Authorization	Initial Requests: 3 months
Quantity Limit	Maintenance Therapy Requests: 12 months

Medications	Quantity Limit
Nuplazid (pimavanserin)	May be subject to quantity limit

APPROVAL CRITERIA

Initial requests for Nuplazid (pimavanserin) may be approved if the following criteria are met:

- I. Individual has a diagnosis of Parkinson's disease (PD); **AND**
- II. Symptoms of psychosis developed after the PD diagnosis; **AND**
- III. Symptoms of psychosis include at least one of the following:
 - a. Visual hallucinations; **OR**
 - b. Auditory hallucination; **OR**
 - c. Delusions;

AND

- IV. Symptoms have been present for at least one month; **AND**
- V. Individual has experienced symptoms at least once weekly; **AND**
- VI. Psychiatric symptoms cannot be attributed to disorders such as schizophrenia, schizoaffective disorder, delusional disorder, or mood disorder with psychotic features, or a general medical condition including delirium.

Continuation of Nuplazid (pimavanserin) may be approved if the following criterion is met:

- I. Individual has had a reduction in symptoms of psychosis compared to baseline.

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Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

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State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2016. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2016; Updated periodically.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.