

## Pre - PA Allowance

None

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## Prior-Approval Requirements

**Age** 18 years of age or older

### Diagnosis

Patient must have the following:

Hallucinations and/or delusions associated with Parkinson's disease psychosis

**AND ALL** of the following:

1. Inadequate treatment response, intolerance, or contraindication to quetiapine
2. 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
3. Prescribing physician has attempted to adjust Parkinson's disease medications in order to reduce psychosis without worsening motor symptoms prior to requesting Nuplazid
4. Used in combination with another Parkinson's disease medication
5. **NOT** to be used to treat psychiatric symptoms attributed to Alzheimer's disease, schizophrenia, schizoaffective disorder or delusional disorder
6. Prescriber agrees to monitor for QTc prolongation

## Prior - Approval Limits

### Quantity

Medication	Quantity Limit
10 mg	90 tablets per 90 days <b>OR</b>
34 mg	90 capsules per 90 days

**Duration** 6 months

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## Prior – Approval *Renewal* Requirements

**Age** 18 years of age or older

**NUPLAZID  
(pimavanserin)**

**Diagnosis**

Patient must have the following:

Hallucinations and/or delusions associated with Parkinson's disease  
psychosis

**AND ALL** of the following:

1. Patient has been assessed since the last Prior Authorization (PA) and has improvement in the frequency/severity of symptoms in comparison to baseline
2. Used in combination with another Parkinson's disease medication
3. **NOT** to be used to treat psychiatric symptoms attributed to Alzheimer's disease, schizophrenia, schizoaffective disorder or delusional disorder
4. Prescriber agrees to continue to monitor for QTc prolongation

**Prior - Approval *Renewal* Limits**

**Quantity**

Medication	Quantity Limit
10 mg	90 tablets per 90 days <b>OR</b>
34 mg	90 capsules per 90 days

**Duration**     12 months