

<b>Clinical Policy Title:</b>	pimavanserin
<b>Policy Number:</b>	RxA.421
<b>Drug(s) Applied:</b>	Nuplazid®
<b>Original Policy Date:</b>	03/06/2020
<b>Last Review Date:</b>	12/11/2025
<b>Line of Business Policy Applies to:</b>	All lines of business (except Medicare)

## Criteria

### I. Initial Approval Criteria

#### A. Parkinson's Disease Psychosis (must meet all):

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

#### Approval Duration

**All Lines of Business (except Medicare):** 12 months

### II. Continued Therapy Approval

#### A. Parkinson's Disease Psychosis (must meet all):

1. Auto-approval based on lookback functionality within the past 120 days as a proxy for member responding positively to therapy.

#### Approval Duration

**All Lines of Business (except Medicare):** 12 months

## References

Not applicable.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	01/2020	03/06/2020
Policy updated. 1. Formatting updated. 2. Policy Title updated. 3. Continued criteria for approval updated. 4. Approval duration updated.	07/23/2020	09/14/2020
Policy was reviewed: 1. Initial Approval Criteria I.A.2 was updated to include prescriber criteria, "Prescribed by or in consultation with a neurologist or psychiatrist". 2. Continued Therapy Approval Criteria II.A.1 was rephrased to "Member is currently receiving medication that has been authorized by RxAdvance...".	06/28/2021	09/14/2021

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

<p>Policy was reviewed:</p> <ol style="list-style-type: none"> <li>Continued Therapy Approval Criteria II.A.1 was rephrased to "Member is currently receiving medication that has been authorized by RxAdvance...".</li> <li>Initial Approval Criteria I.A.2: Updated to add "Individual does not have dementia-related psychosis unrelated to the hallucinations and delusions associated with Parkinson's disease psychosis".</li> </ol>	03/25/2022	07/18/2022
<p>Policy was reviewed:</p> <ol style="list-style-type: none"> <li>Initial Approval Criteria I.A.3: Updated to remove individual member does not have dementia-related psychosis unrelated to the hallucinations and delusions associated with Parkinson's disease psychosis.</li> </ol>	04/21/2023	07/13/2023
Policy was reviewed.	10/19/2023	10/19/2023
<p>Policy was reviewed:</p> <ol style="list-style-type: none"> <li>Removed age restrictions.</li> <li>Removed prescriber restrictions.</li> <li>Removed dose restrictions.</li> <li>Updated Continued therapy approval with auto-approval based on lookback functionality within the past 120 days.</li> <li>Removed reauthorization requirement for positive response to therapy.</li> <li>Updated approval duration verbiage.</li> </ol>	08/28/2024	09/13/2024
Policy was reviewed.	12/05/2024	N/A
Policy was reviewed.	12/11/2025	12/11/2025