

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2024 P 1195-10
Program	Prior Authorization/Notification
Medication	Nuplazid® (pimavanserin)
P&T Approval Date	7/2016, 7/2017, 8/2018, 8/2019, 10/2019, 11/2020, 11/2021, 12/2022, 1/2024
Effective Date	4/1/2024

1. Background:

Nuplazid (pimavanserin) is an atypical antipsychotic indicated for the treatment of hallucinations and delusions associated with Parkinson’s disease psychosis. Nuplazid is not approved for the treatment of patients with dementia who experience psychosis unless their hallucinations and delusions are related to Parkinson’s disease.

2. Coverage Criteria^a:

A. Initial Authorization

1. **Nuplazid** will be approved based on the following criteria:

- a. Diagnosis of Parkinson’s disease

Authorization will be issued for 12 months.

B. Reauthorization

1. **Nuplazid** will be approved based on the following criterion:

- a. Documentation of positive clinical response to Nuplazid therapy

Authorization will be issued for 12 months.

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

1. Nuplazid [package insert]. San Diego, CA: Acadia Pharmaceuticals Inc.; September 2023..

Program	Prior Authorization/Notification – Nuplazid
Change Control	
7/2016	New program.
7/2017	Annual review. Updated references.
8/2018	Annual review. Updated references.
12/2018	Administrative change to add statement regarding use of automated processes.
8/2019	Annual review. Updated references. Clarified that hallucination and delusion symptoms started after Parkinson’s disease diagnosis.
10/2019	Removed hallucinations requirement to match Diagnosis to Drug program.
11/2020	Annual review. Updated references.
11/2021	Annual review. Updated references.
12/2022	Annual review. Added state mandate language.
1/2024	Annual review. Updated references. Updated background information.