

## SPECIALTY GUIDELINE MANAGEMENT

### NUPLAZID (pimavanserin)

#### POLICY

##### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication: Nuplazid is indicated for the treatment of hallucinations and delusions associated with Parkinson's disease psychosis.

All other indications are considered experimental/investigational and are not a covered benefit.

##### II. CRITERIA FOR INITIAL APPROVAL

Authorization of 12 months may be granted for initial treatment of hallucinations and delusions associated with Parkinson's disease psychosis when the following criteria is met<sup>2,3</sup>

1. Member has mild or no cognitive impairment as determined by physician's clinical diagnosis and/or cognitive impairment screening tests (e.g. Mini-Mental Status Examination [MMSE], Montreal Cognitive Assessment [MOCA])

##### III. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment of hallucinations and delusions associated with Parkinson's disease psychosis when the following criteria is met:

1. Member has experienced improvement in psychotic symptoms (hallucinations and/or delusions) since starting therapy

##### IV. REFERENCES

1. Nuplazid [package insert]. San Diego, CA: Acadia Pharmaceuticals, Inc.; April 2016.
2. Cummings J, Isaacson S, Mills R, et al. Pimavanserin for patients with Parkinson's disease psychosis: a randomized, placebo-controlled phase 3 trial. *Lancet*. 2014; 383:533-540.
3. Hoops S, Nazem S, et al. Validity of the MoCA and MMSE in the detection of MCI and dementia in Parkinson disease. *Neurology*. 2009; 73 (21): 1738-1745.